Division of Corporations Electronic Filing Cover Sheet

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	Division of Co Fax Number	: (850)617-6380		~3
C			ĬĂĽ	2024
from:	Account Name	: GUNSTER, YDAKLEY & STEWART, P.A.	r=: ⊅	HAY
	Account Number	-	AHA.	=
	Phone	: (561)650-0728	Gr.	<u></u>
	Fax Number	: (561)671-2527	<u> </u>	Ο.
				P
.catoo i	-ba amail addmaa	s for this business entity to be used for	г—` r	

REGISTERED AGENT CHANGE HARBOUR RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of Florida	
		or registered agent, or both, in the State of Florida GE PROPERTY OWNERS ASSOCIATION, INC.	
			
2. The principal PALM CITY, FI	office address: 12600 N.W. HAR. L 34990	BOOK MIDGE BE VD.	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/15/1984	Document number: N03704	
5. The name and Florida Depar	i street address of the current regi- tment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	CORNETT, JANE L c/o BECKE		
	759 SW Federal Hwy #213	ALLAHAS	F- 2024 H
	STUART, FL 34994	H. A	N -
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	FILEU 2024 HAY 16 PM 12: 23
	GY CORPORATE SERVICES, I	NC.	23
	777 S FLAGLER DRIVE SUITE	₩	_
	WEST PALM BEACH, FL 33401	P.O. Box NOT acceptable	
The street addre	ess of its registered office and the	e street address of the business office of its regist	tered agent,
Such change wa authorized by th	as authorized by resolution duly ac board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	: so
/s/ Jill M. Kelly		Jill M. Kelly, President	
I hereby accept	to ol an officer or director the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	Printed or typed name and title igent and agree to act in this capacity. all statutes relative to the proper and complete pathe obligation of my position as registered agent ge in the registered office address, I hereby confichange.	performance t. Or, if this irm that the
/s/ Melanie B. Stocks		May 13, 2024	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Melanie B. Stock	s, Asst. Secretary		
Ту	ped or Printed Name		

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)