

N04 0000 1143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

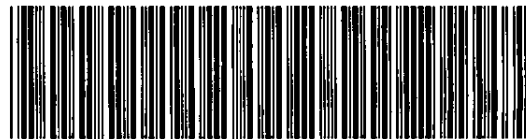
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 22 2016

C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cobblestone Creek Homeowners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N04000011143

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Camille Tillinghast

Name of Contact Person

Oxygen Association Services, LLC

Firm/Company

1489 W Palmetto Park Rd #505

Address

Boca Raton, FL 33486

City/State and Zip Code

admin@lippmanfc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camille Tillinghast

Name of Contact Person

at ( 561 ) 999-9701 x 100

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cobblestone Creek Homeowners Association, Inc.
2. The principal office address: 1489 W Palmetto Park Road, Suite 505  
Boca Raton, FL 33486
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: December 1, 2004 Document number: N04000011143
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Karen Lippman

2801 N University Drive Suite 204

Coral Springs, FL 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1489 W Palmetto Park Road Suite 505

Boca Raton, FL 33486

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Michael Gallacher, President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

11/11/16  
Date

If signing on behalf of an entity:

Karen Lippman

Typed 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 (03/12)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV 17 AM 7:55

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mailed to  
K