

1404000011890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

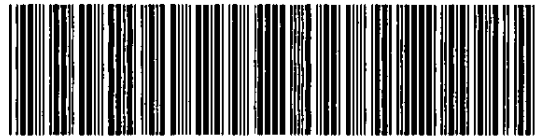
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

10309



700160873257

09/29/09--01014--005 \*\*35.00

RA chrg  
SJ

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 30 PM 1:58

FILED

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Courtney Lakes Property Owners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N04000011890

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:

Michael Wood  
Name of Contact Person

Courtney Lakes Property Owners' Association, Inc.  
Firm/Company

1800 Palm Beach Lakes Boulevard  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

mwood@dricmc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Wood at ( 561 ) 683-8810  
Name of Contact Person 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: Courtney Lakes Property Owners' Association, Inc.
2. The principal office address: 100 Colonial Center Parkway, Suite 470, Lake Mary, FL 32746
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/21/04 Document number: N04000011890

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)

Corporation Company of Orlando

300 South Orange Avenue, Suite 1000 (DTO)

Orlando, FL 32801

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

Michael Wood

1800 Palm Beach Lakes Boulevard

P.O. Box NOT acceptable

West Palm Beach, FL 33401

FILED  
2009 SEP 30 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

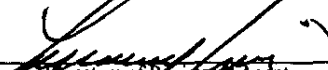
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Michael Wood, Vice 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

9-21-2009

Date

If signing on behalf of an entity:

MICHAEL WOOD  
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 (8/05)