

1106000003203

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

LA
Change
SP

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PLEASE REPLY TO CLEARWATER

FILE NO.

May 2, 2007

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

Re: Palm Bluff Preserve Homeowners Association, Inc.

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced corporation together with a check in the amount of \$35.00 to cover the cost of filing.

If you have any questions, please feel free to contact me.

Sincerely,

JOHNSON, POPE, BOKOR,
RUPPEL & BURNS, LLP

Raina M. Sullivan

Raina M. Sullivan
Administrative Assistant

#404074 v1 - PalmBluffPreserveLtr.DivisionofCorp.

CLEARWATER OFFICE
911 CHESTNUT ST.
POST OFFICE BOX 1368 (ZIP 33757-1368)
CLEARWATER, FLORIDA 33756
TELEPHONE: (727) 461-1818
TELECOPIER: (727) 462-0365
TELECOPIER: (727) 441-8617

TAMPA OFFICE
403 EAST MADISON ST.
SUITE 400
POST OFFICE BOX 1100 (ZIP 33601-1100)
TAMPA, FLORIDA 33602
TELEPHONE: (813) 225-2500
TELECOPIER: (813) 223-7118

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM BLUFF PRESERVE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N06000003203

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:

JOHN BRECO

(Name of Contact Person)

(Firm/Company)

300 Palm Bluff Street

(Address)

CLEAR WATER, FL. 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN BRECO

(Name of Contact Person)

at

(727) 725-2300

(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, 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: Palm Bluff Preserve Homeowners Association, Inc.
2. The principal office address: 3408 Beacon Street, Pompano Beach, FL 33062
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/21/2006 Document number: N06000003203
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ROGER A. LARSON

911 CHESTNUT STREET

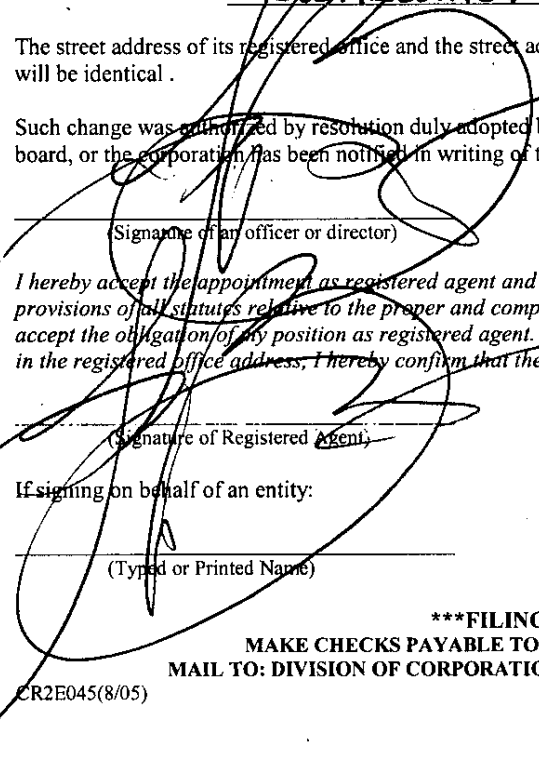
CLEARWATER, FLORIDA 33756

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

JOHN BRECO
300 Palm Bluff St.
(P.O. Box NOT acceptable)
CLEARWATER, FL. 33755

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)

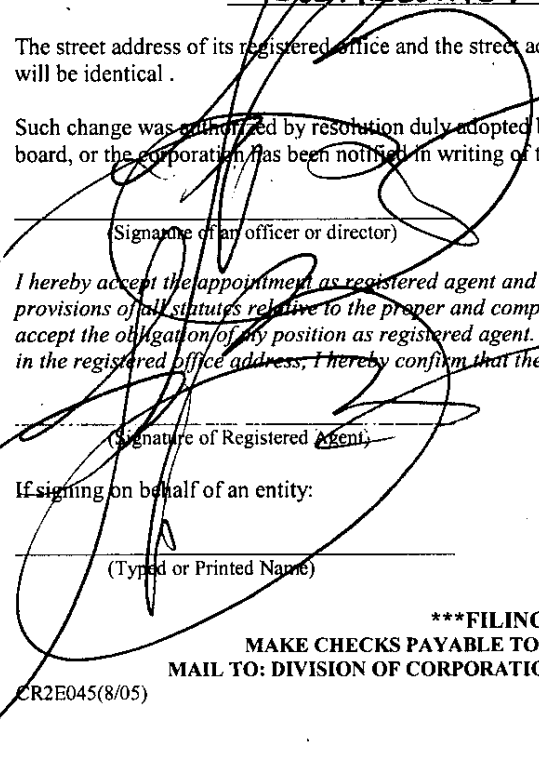
JOHN BRECO President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in the 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)

April 24, 2007
(Date)

If signing on behalf of an entity:


(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)

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