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(Requestor's Name) (Address)	500
(City/State/Zip/Phone #)	0
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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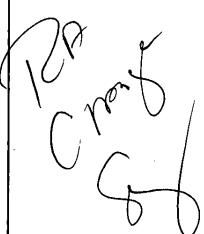
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CLEAR LAKE PALMS CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: N06000006888
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:
EDWARD DICKER, ESQUIRE (Name of Contact Person)
DICKER, KRIVOK & STOLOFF, P.A. (Firm/Company)
1818 Australian Avenue South, Suite 400 (Address)
West Palm Beach, FL 33409
(City/State and Zip Code) For further information concerning this matter, please call:
EDWARD DICKER. ESQUIRE at (561) 615-0123 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
\cdot

CR2E045 (8/05)

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

statement of chan	ge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statut ized under the laws of the State of <u>Flo</u> ered agent, or both, in the State of Florid	rida
		S CONDOMINIUM ASSOCIATION, I	
	•	nter Drive, West Palm Beach,	· · · · · · · · · · · · · · · · · · ·
3. The mailing add	lress (if different):		
4. Date of incorpo	ration/qualification: 06/26/2006	Document number: N06000006	888
	treet address of the current registered a nent of State: (If resigned, enter resigne	gent and registered office on file with the d)	
-	Mary Harvey, Esq.		
_	850 N.W. Federal Highway	,	
_	Stuart, FL 34944		22 20
6. The name and s (if changed):	treet address of the new registered agen	nt (if changed) and /or registered office	LAHAN
	DICKER, KRIVOR & STOR	OFF, P.A.	
_	1818 Australian Avenu	ie South, Suite 400	
	(P.O. Box NOT acceptable)		# E
	West Palm Beach, FL		
		address of the business office of its regi	
Such change was authorized by the	authorized by resolution duly adopted board, or the comporation has been no	I by its board of directors or by an offic tified in writing of the change.	er so
	or an arrived of directors	(Printed or typed name and ittiet	resident)
I further agree to of my duties, and document is being corporation has b	eaphointment am registered ogent am comply with the provisions of all stati I am familiar with and accept the obli I filed merely to reflect a change in th een notified in writing of this change.	degree to act in this capacity utes relative to the proper and complete igation of my position as registered age e registered office address, I hereby cor	performance nt. Or, if this firm that the
Elw Oeland	De Star Kiwka Stoliff ture of Registered Agent)	12/21/1 C (Date)	
If signing on beha June Ocker (Typ	- ^ 4	•	

* * * 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)