## NO6495

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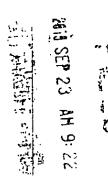
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## COVER LETTER

TO: Amendment Section

Division of Corporations

Verona at Deer Creek Homeowners Association, Inc.

Name of Corporation

SC 23 MA 9. C. 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:

Clint Painter, Property Mgr.

Name of Contact Person

Luxe Property Services, Inc.

1800 W. Hillsboro Boulevard, Suite 214

Deerfield Beach, FL 33442

City/State and Zip Code

clint@luxepropertyservices.com

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

For further information concerning this matter, please call:

Michael E. Chapnick, Esq.

Name of Contact Person

561 994-4499
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

Tailahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rockname its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Verona at Deer Creek Homeowners Association, Inc.
2. The principal	office address: 2151 W. Hillsboro Boulevard, Suite 301, Deerfield Beach, FL 33442
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: December 5, 1984 Document number: N06495
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Luxe Property Services
	2151 W. Hillsboro Boulevard, Suite 301
	Deerfield Beach, FL 33442
6. The name and (if changed):	Associated Corporate Services
	6111 Broken Sound Parkway, N.W., Suite 200
	Boca Raton, FL 33487
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Euclid	EUCLIDE E. RENAUD PRESIDENT Printed or typed name and title PRESIDENT
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	Taylire of Registered Agent Date Date
If signing on be	half of an entity.
LOVIS	CAPLAN pped or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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