

107000009810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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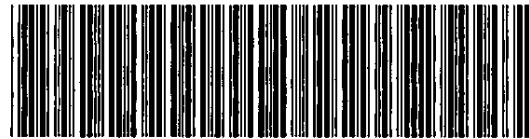
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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KANO

T. LEMIEUX

JAN 30 2014

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Compson Place Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N07000009810

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:

Wendy Hernandez

Name of Contact Person

Stiles Property Management

Firm/Company

1500 Gateway Blvd., Suite 200

Address

Boynton Beach, FL 33426

City/State and Zip Code

wendy.hernandez@stiles.com

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

For further information concerning this matter, please call:

Wendy Hernandez

Name of Contact Person

at (561) 413-5909

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Compson Place Condominium Association, Inc.
2. The principal office address: Stiles Property Management
1500 Gateway Blvd., Suite 200, Boynton Beach, FL 33426
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/01/2007 Document number: N07000009810

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)

Kleeper, Carl E Jr
36 SE 3 Street
Boca Raton, FL 33432

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

Stiles Property Management
1500 Gateway Blvd., Suite 200
P.O. Box NOT acceptable
Boynton Beach, FL 33426

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]
Signature of an officer or director

JOSE EDWARDS, 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]
Signature of Registered Agent

January 23, 2014
Date

If signing on behalf of an entity:

Wendy Hernandez
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)

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