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ZECRETARY OF STATE AHLAHASSEE, FLORID,

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July 23, 2009

Ms. Carol Mustain
Regulatory Specialist II
Division of Corporations
FLORIDA DEPARTMENT OF STATE
P.O. Box 6327
Tallahassee, Florida 32314

RE: Letter # 409A00022920

Monticello Farms Property Owners' Association, Inc.

Dear Ms. Mustain:

Regarding your 7/6/09 letter referenced above, enclosed please find the completed Statement of Change of Registered Agent, together with the \$35.00 filing fee.

Sincerely,

M. Elaine Browning

Director of Development &

Community Affairs

Enclosures

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

statement of cha	provisions of sections 607.0502, 617.0	ganized under the laws of the Sta	nte of FloriDA	
1. The name of t	the corporation: ManTicello	FARMS Property	Owners' AssociA	TiON,
-	office address: 1000 Clint	+ Moore Road, Su	Ttelio, Boca	
	address (if different): 5 Ame			
4. Date of incorp	poration/qualification: 05 20 08	Document number:	108200004924	
	d street address of the current registere rtment of State: (If resigned, enter resigned)		file with the	
	Resigned			
			2009 SEI TALL	
			SECRETARY SECRET	11
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or register	<u>m</u> ~	m
	Judy MATTHEWS-C	PRAY	PM I2: 0 Of State E. Florii	
	1000 Clint Moore	20ad, Suite 110 NOT acceptable		
	BOCA RATON, FL	33487		
The street address changed will	ess of its registered office and the strube identical.	eet address of the business office	ce of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or i notified in writing of the chan	by an officer so ge.	
Signatu	re of an officer or director	Ramzi Ake L	Se c	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this char	t and agree to act in this capaci statutes relative to the proper a obligation of my position as reg n the registered office address, age.	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the	!
Judy 1	Matthews Gray	1.23.0	9	
(/ 0 signing on be	chalf of an entity:	Date		
	yped or Printed Name			

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