## N11462

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(Address)				
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SECRETARY OF STATE SIVISION OF CORPORATIONS

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## **COVER LETTER**

N17462 Office/Agent and fee are submitted for filing natter to the following:  an Baker of Contact Person
Office/Agent and fee are submitted for filing natter to the following:  an Baker
natter to the following:
an Baker
an Baker of Contact Person
f Contact Person
nental Group, Inc. m/Company
m/Company
irlane Farms Road
Address
pton, FL 33414 ite and Zip Code
ite and Zip Code
2tcgmgt.com
for future annual report notification)
Otcgmgt.com for future annual report notification)
ease call:
at (561- 795-776  Area Code & Daytime Telephone
i

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

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERE

## 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 Sta ange is submitted for a corporation organized under the laws of the State of Flor er to change its registered office or registered agent, or both, in the State of Flor	orida		
1. The name of	the corporation: Wellington Lakes Homeowners Association	ı, Inc.		<del></del>
2. The principal	office address: 3461-B Fairlane Farms Road			
Wellingtor	n, FL 33414			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: Nov. 14, 1986 Document number:	N17462		
	d street address of the current registered agent and registered office on file with tement of State: (If resigned, enter resigned)	the		
•	St John, Rossin, Burr & Lemme, PLLC			ري ان
	1601 Forum Place Suite 700	=======================================	: *	DISTAT
	West Palm Beach, FL 33401	3	1 MAY 23	<b>米</b> 河
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	•	3 AM 10: 0	CORPORATIONS
	Patricia Hartley, ESQ.		:01	HOLI
	800 Village Square Crossing, Suite 222			C.F.
	P.O. Box NOT acceptable	*		
	Palm Beach Gardens, FL 33410			
as changed will		_	ent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so		
Signatu	e of an officer or director Printed or typed name and title	K. TR	<u> </u>	•
I hereby accept I further agree t of my duties, an document is bei corporation has	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 completed I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change.	ete performo gent. Or, if confirm that	ince this the	
Gatus	ria L. Marttly  5-20-11  Date	<del></del>	_	
If signing on be	half of an entity:			
	an Baker, LCAM  //ped 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)