

## N18688

Franklin Wood P.O.A., Inc.						
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coo SE Frankliji Flace						
Hobe Sound, FL 33455						
(Address)						
(City/State/Zip/Phone #)						
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(Business Entity Name)						
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2011

FRANKLIN WOOD P.O.A., INC. @ LINDA MASTERPOLE 6098 SE FRANKLIN PLACE HOBE SOUND, FL 33455

SUBJECT: FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC.

Ref. Number: N18688

We have received your document for FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 711A00025835

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

	provisions of sections 60 ange is submitted for a co			_		
	er to change its registered			•		
1. The name of	the corporation: Frank	lin Wood Pro	perty Owne	rs Associati	on, Inc.	
2. The principal	office address: 6038 S	E Franklin Plac	e, Hobe Soun	d, FL 33455	<del></del> _	
3. The mailing	address (if different): Sa	me as above				
4. Date of incor	poration/qualification:	01/09/1987	Document nui	mber:	<sub>3</sub> N18688	
5. The name an Florida Depa	d street address of the current of State: (If resign	rent registered agen ed, enter resigned)	t and registered of	office on file with	the SECOND	
	Deborah Ross, Esquire					
	759 S Federal Highway, Suite 212					
	Stuart, FL 34994				D N.T. STA COR	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Ross Earle & Bonan, P.A.					
	789 S Federal Highway, Suite 101					
	Stuart, FL 34994	P.O. Box .NOT acc	ceptable			
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the busin	ness office of its	registered agent,	
Such change wauthorized by t	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	y its board of dir ed in writing of	ectors or by an o	officer so	
Sienali	re of an office or director		Perker C.		-56 <i>e</i> 2 )	
I hereby accept I further agree of my duties, ar document is be	the appointment as reg to comply with the provi and I am familiar with and ing the merely to reflect to been notified in writing	istered agent and a sions of all statutes d accept the obliga t a change in the re		or typed name and title is capacity. proper and comp on as registered address, I hereby		
	nature of Registered Agent		11/30	Date		
	chalf of an entity:			Duto		
<u>OEBORA</u> ļ	-) ROSS, ESQ yped or Printed Name					
	*	* * FILING FEE:	\$35.00 * * *			
M CDarous (9/05)	Make checks p ail to: Division of Co	AYABLE TO FLORIG	DA DEPARTMENT BOX 6327, TALI	r of State Lahassee, FL 3:	2314	

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