

N 19454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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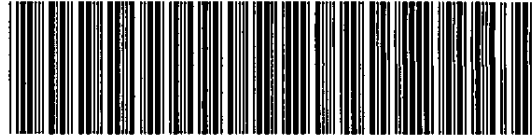
(Business Entity Name)

(Document Number)

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2016 AUG 29 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 12 2015
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Country Club Cove Maintenance Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N19454

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:

Patti Peterson

Name of Contact Person

Davenport Professional Property Management LLC

Firm/Company

6620 Lake Worth Road, Suite F

Address

Lake Worth, FL 33467

City/State and Zip Code

patti@davenportpro.net

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

For further information concerning this matter, please call:

Maria Leavy

Name of Contact Person

at (561) 469-9645

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

1. The name of the corporation: Country Club Cove Maintenance Association, Inc.
2. The principal office address: C/O DAVENPORT PROF. PROP. MGMT LLC 6620 LAKE WORTH ROAD, SUITE F LAKE WORTH, FL 33467
3. The mailing address (if different): C/O DAVENPORT PROF. PROP. MGMT LLC 6620 LAKE WORTH ROAD, SUITE F LAKE WORTH, FL 33467
4. Date of incorporation/qualification: 2/27/91 Document number: N194-54
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)

St John Rossin Podesta Burr & Lemme PA

1601 Forum Place, Suite 700

West Palm Beach, FL 33401

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

Leavy Law PA / Maria S. Leavy

800 Village Square Crossing, Suite 347

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33410

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.

Thomas Menzel
Signature of an officer or director

Thomas Menzel, 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.

Mst
Signature of Registered Agent

8-24-16
Date

If signing on behalf of an entity:

Maria S. Leavy
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
CR21:045 (03/12)

FILED
2016 AUG 23 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA