N19654

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

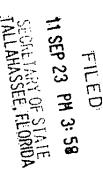
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2011

WILLIAM M. MORSE WILLIAM M. MORSE, EA 210 NE 6TH AVE STE 101 DELRAY BEACH, FL 33483

SUBJECT: CYPRESS (LAS VERDES) CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N19654

We have received your document for CYPRESS (LAS VERDES) CONDOMINIUM 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):

Marilyn Argerakis must sign document in the space for signature of officer/director.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 311A00021058

HECHVED

11 SEP 23 AM 8: 05

BURLLANT OF SIGHT

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Cypress (Las Verdes) Condominium Association, Inc. Name of Corporation				
DOCUMENT NUMBER: N19654				
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:				
William M. Morse Name of Contact Person				
Name of Contact Person				
William M. Morse, EA				
Firm/Company				
210 NE 6th Avenue, Ste 101				
Address				
Dolray Booch, El. 22492				
Delray Beach, FL 33483 City/State and Zip Code				
bill@atsdelray.com E-mail address: (to be used for future annual report notification)				
to the state of th				
For further information concerning this matter, please call:				
William M. Morse at (561) 272-7424 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				
Division of Corporations Division of Corporations				

P.O. Box 6327

- Tallahassee, FL 323-14

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

•	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organiz		
	er to change its registered office or register		
1. The name of	the corporation: Cypress(Las Verd	les) Condominium Asso	ciation, Inc.
2. The principal	office address: 5370 Las Verdes Circ	cle	
Delray Be	ach, FL 33484		
3. The mailing a	address (if different): C/O William M. N	Morse, EA, 210 NE 6th Aver	nue, Ste 101
Delray B	each, FL 33483		
4. Date of incorp	poration/qualification: 03/13/1987	Document number:	N19654
	I street address of the current registered age tment of State: (If resigned, enter resigned	•	th the
	Karen Lippman, (Resigned)	· · · · · · · · · · · · · · · · · · ·	
	2801 N. University Drive, Ste 205	5	,
	Coral Springs, FL 33065		-
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered off	70
	William M. Morse		EP 23 PH 3: 58
	210 NE 6th Avenue, Ste 101	acceptable	- 89 3
	Delray Beach, FL 33483		11 Si Si
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of it	
Such change wa authorized by th	as authorized by resolution duly adopted the board or the corporation has been noti	by its board of directors or by an ified in writing of the change.	officer so
Thuly	Marriage of an officer officeron	Marilyn Argerakis, S Printed or typed name and to	lo.
Lhereby accept	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the obliging the merely to reflect a change in the peen notified in writing of this change.	agree to act in this capacity. tes relative to the proper and con tation of my position as registere registered office address, I herel	aplete performance d agent. Or, if this by confirm that the
Mela	Moure	8/31/2011	
_	nature of Registered Agent	Date	· · · · · · · · · · · · · · · · · · ·
It signing on be	half of an entity:		
	Villiam M. Morse /ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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