N 19858

Ť						
(Requestor's Name)	-					
(Address)	-					
(Address)	_					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
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10 OCT 18 AM 9: 25

SECRETARY OF STATE

C.A. Change C.COULLIETTE

OCT 19 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: KNOLL-CENTURY HILL HOMEOWNER'S ASSOCIAT										
Name of Corporation										
DOCUMENT NUMB	ER: N1	9858								
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:										
	JAMES V LOBOZ Name of Conta	ZO JR, ESQ.								
	Name of Conta	ct Person								
McCLURE & LOBOZZO Firm/Company										
	i iiii/Coiii	рану								
	211 SOUTH RIDGE	WOOD DRIVE								
	Addres									
	SEBRING F	L 33870								
	SEBRING FI City/State and	Zip Code								
JLOBOZZO@MLLAW.NET										
E-r	nail address: (to be used for futu	ire annual report notification)								
For further information	concerning this matter, please call	 ;								
IANEO:	VI 000770 ID	000								
	V LOBOZZO, JR. of Contact Person	at (<u>863</u>) 402-188 Area Code & Daytime Telephone	38 Number							
		mou code a Daytime Telephone	, 1 (d)11001							
Enclosed is a \$35.00 ch	neck made payable to the Departme	ent of State.								
	Mailing Address: Amendment Section	Street Address: Amendment Section								
	Division of Corporations	Division of Corporations								
	P.O. Box 6327	Clifton Building								
	Tallahassee, FL 32314	2661 Executive Center Circ	cle							
		Tallahassee, FL 32301								

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

17

statement of che	ange is submitted for a co	poration organize	607.1508, or 617.1508, Florid Id under the laws of the State o d agent, or both, in the State o	f FLOR			
			' HILL HOMEOWNER OCA RD, AVON PARK, F			IOITAI	
	address (if different): SA						
4. Date of incorporation/qualification: 3/26/1987 Document number:				N19	N19858		
	d street address of the curr rtment of State: (If resigne		nt and registered office on file	with the			
	ANDREW B JACKS	SON, ATTY					
	150 N COMMERCE	E AVE					
	SEBRING, FL 338	70			=		
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registered of	office	10 OCT 18	ECRETAR SION OF 1	
	JAMES V. LOBOZZ	ZO, JR., ESQ.			A	12.00 13.00 10.00	
	211 SOUTH RIDGE				ف		
	SEBRING, FL 338	P.O Box NOT ac	eceptable		25	E E	
-	ess of its registered office be identical.	e and the street ad	dress of the business office of the business of the business of the or by its board of directors or by its board of the change.			gent,	
Robert	Hall augh	1	ROBERT HARE Printed or typed name an	BAUGH	· - · - · · - · · · · · · · ·		
I hereby accept I further agree of my duties, ar document is be corboration ha	the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and a sions of all statute accept the obliga a change in the r of this change.	agree to act in this capacity. s relative to the proper and c tion of my position as registe egistered office address, I he	complete p cred agent reby confi	erform Or, i rm tha	nance if this it the	
<i>il</i>	gnature of Registered Agent		OCTOBER 11,	, 2010			
y signing on be	chalf of an entity:						
	yped or Printed Name						

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