## NA0992

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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TALLABASSET, FI BAR

B/B/V

## **COVER LETTER**

| TO:             | Amendment Section<br>Division of Corpora        | tions  |                          |                                    |  |  |
|-----------------|---|--|--------------------------|------------------------------------|--|--|
| SUBJ            | ест: Mano                                       | r House Condomir<br>Name of C  | nium Association,        | Inc                                |  |  |
| DOC             | UMENT NUMBER:_                                  | ı  | N 20992                  |                                    |  |  |
| The er          | nclosed Statement of C                          | hange of Registered Offic  | ce/Agent and fee are sub | omitted for filing.                |  |  |
| Please          | return all corresponde                          | nce concerning this matte  | er to the following:     |                                    |  |  |
|                 |   |  |                          |                                    |  |  |
|                 |   | Hilary   | Cullen                   |                                    |  |  |
|                 |   | Name of Co   | ontact Person            |                                    |  |  |
| manageSmart,llc |   |  |                          |                                    |  |  |
|                 |   | Firm/C   | ompany                   |                                    |  |  |
|                 |   | 135 NE 1   | et Ave. #5               |                                    |  |  |
|                 | 135 NE 1st Ave., #5 Address                     |  |                          |                                    |  |  |
|                 |   |  |                          |                                    |  |  |
|                 |   | Delray Beac  | h. FL 33444              | ,                                  |  |  |
|                 | Delray Beach, FL 33444  City/State and Zip Code |  |                          |                                    |  |  |
|                 |   | h_cullen@y   | /ahoo.com                |                                    |  |  |
|                 | E-mail a  | ddress: (to be used for i  | uture annual report no   | otification)                       |  |  |
|                 |   |  |                          |                                    |  |  |
| For fu          | rther information conc                          | erning this matter, please   | call:                    |                                    |  |  |
|                 | Hilary L.                                       |  | at ( 561 )               | 926-3205                           |  |  |
|                 | Name of Con                                     | act Person   | Area Code & Da           | 926-3205<br>ytime Telephone Number |  |  |
| Enclos          | ed is a \$35.00 check n                         | ade payable to the Depar   | tment of State.          |                                    |  |  |
|                 | Ame<br>Divi<br>P.O.                             | ing Address:<br>endment Section<br>sion of Corporations<br>Box 6327<br>chassee, FL 32314 | Clifton Buil             | Section Corporations               |  |  |
|                 |   |  | Tallahassee,             | FL 32301                           |  |  |

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

| statement of cha                   | provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Sto<br>nge is submitted for a corporation organized under the laws of the State of <u>Fl</u><br>r to change its registered office or registered agent, or both, in the State of Flo   | orida  | <del></del>        |
|------------------------------------|---|--|--------------------|
|                                    | he corporation: Manor House Condominium Association, In office address: 100 N. Ocean Blvd., Delray Beach, FL 33483  | nc   |                    |
| 3. The mailing a                   | ddress (if different): 135 NE 1st Ave., #5  |  |                    |
| 4. Date of incorp                  | poration/qualification: 06/04/1987 Document number:   | N20992   |                    |
|                                    | street address of the current registered agent and registered office on file with trnent of State: (If resigned, enter resigned)  | the  |                    |
|                                    | Celia Quinones (resigned)   |  |                    |
|                                    | 100 N. Ocean Blvd., Delray Beach, FL 33483  |  |                    |
|                                    |   | Eg   |                    |
| 6. The name and (if changed):      |   | 150 H  |                    |
|                                    | Tom Carrella  | 200 mg<br>1973 gm<br>1973 gm                       |                    |
|                                    | 100 N. Ocean Blvd., Delray Beach, FL 33483 P.O. Box NOT acceptable  | CATE   | ত<br>33            |
| The street addre as changed will   | ss of its registered office and the street address of the business office of its to be identical.   | registered age                                     | ent,               |
| Such change wa<br>authorized by th | s authorized by resolution duly adopted by its board of directors or by an of<br>e board, or the corporation has been notified in writing of the change.  | fficer so  |                    |
| Carole                             | Sisteman Treasurer Frinted or typed name and title  |  | <del></del>        |
| -                                  | the appointment as registered agent and agree to act in this capacity, or comply with the provisions of all statutes relative to the proper and comply to the proper and accept the obligation of my position as registered ag filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change. | lete performa<br>agent. Or, if i<br>confirm that i | nce<br>this<br>the |
| guan                               | ature of Registered Agent  Date   |  | _                  |
| If signing on bel                  |   |  |                    |

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