

N27688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

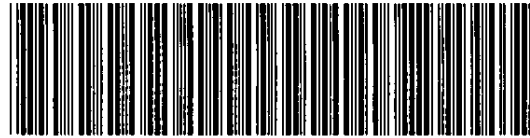
(Business Entity Name)

(Document Number)

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12 JUL 25 PM 1:02  
SECRETARY  
DIVISION OF REVENUE

RA/Rolchs  
@ 7/25/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2012

KATHY INGERSOLL  
ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461

SUBJECT: DORCHESTER ESTATES AT ABERDEEN HOMEOWNERS  
ASSOCIATION, INC.  
Ref. Number: N27688

We have received your document for DORCHESTER ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document is illegible and not acceptable for imaging.

Please type/print clearly and the front and back can not be imaged.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 012A00017308

JUN 19 2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

Dorchester Estates at Aberdeen Homeowners Assoc.  
Inc

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:**   N27688  

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:

  Kathy Ingersoll    
Name of Contact Person

  Associated Property Management    
Firm/Company

  1928 Lake Woodan Road    
Address

  Lake Woodan, FLA 33461    
City/State and Zip Code

  KIngersoll@Assocpropmt.com    
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

  Kathy Ingersoll   at (   561   )   588-7210    
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  
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: Dorchester Estates at Aberdeen Homeowners Association Inc.
2. The principal office address: 1928 Lake Worth Road  
Lake Worth, Florida 33461
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/1/1988 Document number: N27688

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)

Dicker, Krivok & Stoloff P.A.  
1818 Australasian Ave. S. #400  
West Palm Beach, Florida 33409

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

Victoria Morton  
800 Village Square Crossing Ste #222  
P.O. Box NOT acceptable  
Palm Beach Gardens, Fla. 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.

[Signature]  
Signature of an officer or director

James M. Dorgan 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.

[Signature]  
Signature of Registered Agent

6/18/12  
Date

If signing on behalf of an entity:  
Victoria Morton  
Typed or Printed Name

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