

N28251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

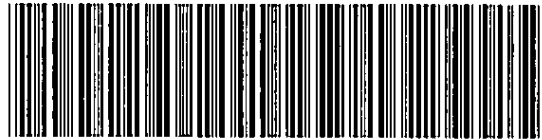
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 20 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLADES EAST HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N28251

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:

VICTORIA MARTIN

Name of Contact Person

INDIAN SPRING MASTER ASSOCIATION, INC.

Firm/Company

5995 BANNOCK TERRACE

Address

BOYNTON BEACH, FL 33437

City/State and Zip Code

ismasec1@gmail.com

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

For further information concerning this matter, please call:

J.C. Hanson

Name of Contact Person

at (**561**) **734-8005**

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: Glades East Homeowners' Association, Inc.
2. The principal office address: 5995 Bannock Terrace, Boynton Beach, FL 33437

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/14/88 09/08/1988 Document number: N28251

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)

RON SMITH

5995 BANNOCK TERRACE

BOYNTON BEACH, FL 33437

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

VICTORIA MARTIN

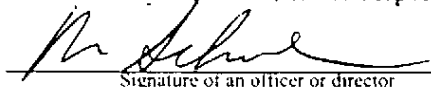
5995 BANNOCK TERRACE

P.O. Box NOT acceptable

BOYNTON BEACH, FL 33437

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 of an officer or director

RON SCHULMAN P
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 of Registered Agent

JUNE 3, 2019

Date

If signing on behalf of an entity:

VICTORIA MARTIN

Typed or Printed Name

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

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SECRETARY OF STATE
TALLAHASSEE, FL