N28251

(Address) (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:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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COVER LETTER

Amendment Section

TO:

Division of Corporations	
SUBJECT: GLADES EAST HOMEOWNERS' ASSOCIATION, IN Name of Corporation	IC.
DOCUMENT NUMBER: N28251	
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
JIM HAYES, LCAM	
Name of Contact Person	_
INDIAN SPRING MASTER ASSOCIATION, INC.	
Firm/Company	_
5995 BANNOCK TERRACE	
Address	_
BOYNTON BEACH, FL 33437	
City/State and Zip Code	_
MANAGER@ISMASTER.ORG	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
JIM HAYES at (56	734-8005 x 221
Name of Contact Person A	rea 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mge is submitted for a corporation organized under the laws of the State of FLORIDA or 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 a	address (if different): SAME
	poration/qualification: 09/08/1988 Document number: N28251
5. The name and	d street address of the current registered agent and registered office on file with the trends that the trends of State: (If resigned, enter resigned)
	KAYE BENDER REMBAUM
	9121 NORTH MILITARY TRAIL, SUITE 200
	PALM BEACH GARDENS, FL 33410
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	KAYE BENDER REMBAUM, P.L.
	1200 PARK CENTRAL BLVD., SOUTH
	P.O. Box NOT acceptable
	POMPANO BEACH, FL 33064
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	agauthorized by resolution duly adopted by its board of directors or by an officer so feed board, or the corporation has been notified in writing of the change.
How	ARNOLD KABER, PRESIDENT re of an officer or director Printed or typed name and title
I hereby accept I further agree	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the incomplete injuriting of this change.
_ ZIN	4/2/25
If signing on be	half of an entity:
ł	yped or Printed Name

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)