

N129054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

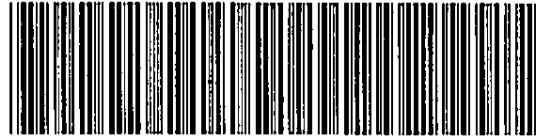
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SECTION 4
TALLAHASSEE, FL

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DEC 22 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW PROVIDENCE MAINTENANCE ASSOCIATION INC
Name of Corporation

DOCUMENT NUMBER: N29054

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:

PAUL H. CYMAN
Name of Contact Person

NEW PROVIDENCE MAINTENANCE ASSOCIATION INC
Firm/Company

1167 S.W. 149TH LANE
Address

SUNRISE, FL. 33326
City/State and Zip Code

NPMA 2012 @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL H. CYMAN at (954) 370-3226
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2017

PAUL H. CYMAN
NEW PROVIDENCE MAINTENANCE ASSOCIATION
P.O. BOX 266342
SUNRISE, FL 33326

SUBJECT: NEW PROVIDENCE MAINTENANCE ASSOCIATION, INC.
Ref. Number: N29054

RECEIVED
17 DEC 22 PM 12:27
DIVISION OF CORPORATIONS
STATE OF FLORIDA

We have received your document for NEW PROVIDENCE MAINTENANCE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 117A00025111

HAPPY HOLIDAYS!
IRENE

Paul H. Cyman

**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: New Providence Maintenance Association, Inc.
2. The principal office address: 1167 S.W. 149th Lane
SUNRISE, FL 33324
3. The mailing address (if different): 1167 S.W. 149th Lane
SUNRISE, FL 33324
4. Date of incorporation/qualification: 10/31/1988 Document number: N29054
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)

Stevens, John W Esq
2 South University Drive Suite 329
Plantation, FL 33324

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

Kaye Bender Rembaum, P.L.
1200 Park Central Boulevard South
P.O. Box NOT acceptable
Pompano Beach, Florida 33064

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.

Paul H. Cyman
Signature of an officer or director

Paul H. Cyman 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.

Michael Bender Michael Bender 12/5/2017
Signature of Registered Agent Date

If signing on behalf of an entity:

Paul H. Cyman
Typed or Printed Name

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