## N33208

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: South Fork Estates Property Owners' Association, Inc. Name of Corporation N33208 DOCUMENT NUMBER:\_ 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: Deborah Ross, Esquire Name of Contact Person Ross Earle & Bonan, P.A. Firm/Company 789 S Federal Highway, Suite 101 Stuart, FL 34994 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Ross Name of Contact Person 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: South Fork Estates Property Owners' Association, Inc. office address: 543 NW Lake Whitney Place, Suite 101	
	Lucie, FL 34986	
	address (if different): same as above	
4. Date of incorp	poration/qualification: 07/07/1989 Document number: N33208	-
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	i.
	Deborah Ross	4-4
	Deborah Ross 759 S Federal Highway, Suite 212	200
	Stuart, FL 34994	07.5.F
6. The name and (if changed):	Stuart, FL 34994  I street address of the new registered agent (if changed) and /or registered office	TOKE
	Ross Earle & Bonan, P.A.	
	789 S Federal Highway, Suite 101	
	P.O. Box NOT acceptable  Stuart, FL 34994	
The street addre as 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	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
· Signipui	Te of an officer or director  Printed or typed name and title	
I hereby accept I further agree to of my duties, an document is bei- corporation has	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 and I am familiar with and accept the obligation of my position as registered agent. Or, if this mg filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.	
Ent Sign	nature of Registered Agent Date	
If signing on be	half of an entity:	
ELIZABET	H BONAN, ESQ.  yped or Printed Name	

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