

N43037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

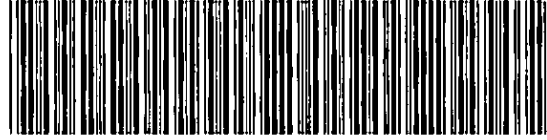
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17 JUN -5 PM 7:42

FBI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

JUN 16 2017

MEREDITH RUBIN
ASSOCIATED PROPERTY MANAGEMENT OF THE PB
8135 LAKE WORTH ROAD STE B
LAKE WORTH, FL 33467

SUBJECT: ANTIGUA POINT ASSOCIATION, INC.
Ref. Number: N43037

We have received your document for ANTIGUA POINT 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00011613

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SECURE FILING DIVISION
TALLAHASSEE, FLORIDA

JUN 16 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Antigua Point Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N43037

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:

Meredith Rubin
Name of Contact Person

Associated Property Management of The Palm Beaches.
Firm/Company

8135 Lake Worth Rd, Suite B
Address

Lake Worth, FL 33467
City/State and Zip Code

mrubin@apm247.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meredith Rubin at (561) 398-1733
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Antigua Point Association, Inc.

2. The principal office address: 8135 Lake Worth Rd, Suite B
Lake Worth, FL 33467

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/15/1991 Document number: N43037

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)

Larry E. Schner
370 Camino Gardens Blvd, #204
Boca Raton, FL 33432

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

Larry E. Schner
6111 Broken Sound Pkwy, Suite 200
P.O. Box NOT acceptable
Boca Raton, FL 33487

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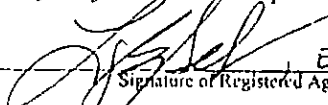
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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.

 ESQ.
Signature of Registered Agent

JAN 3, 2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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