

N43305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JUN 18 2012

TO: Amendment Section
Division of Corporations

SUBJECT: Sheffield At Aberdeen Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N 43305

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:

Kathy Ingelsoll
Name of Contact Person

Associated Property Management
Firm/Company

1928 Lake Worth Road
Address

Lake Worth, Florida 33461
City/State and Zip Code

KIngelsoll@AssocPropMgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Ingelsoll at (561) 588-7210
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

June 22, 2012

KATHY INGERSOLL
ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461

SUBJECT: SHEFFIELD AT ABERDEEN ASSOCIATION, INC.
Ref. Number: N43305

We have received your document for SHEFFIELD AT ABERDEEN 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document is illegible and not acceptable for imaging.

Please type/print clearly and the front and back can not be imaged.

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: 512A00017307

**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: Sheffield At Aberdeen Association, Inc.
2. The principal office address: 1928 Lake Worth Road
Lake Worth, Florida 33461
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 5/6/1991 Document number: N43305

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)

DICKER, MICHAEL E STOLAR P.A.
1818 Australian Ave So. #400
West Palm Beach, FLA. 33409

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

Victoria Morton
800 Village Square Crossing Suite 202
Palm Beach Gardens, FLA. 33410

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.

Ruth Kravitz
Signature of an officer or director

Ruth Kravitz
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.

Victoria Morton
Signature of Registered Agent

6/18/12
Date

If signing on behalf of an entity:

Victoria Morton
Typed 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 (03/12)