

N48 245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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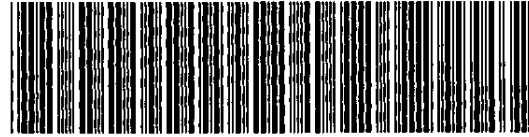
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

tn 6-27-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Grove Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N48245

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:

Elizabeth Bonan, Esquire
Name of Contact Person

Ross Earle & Bonan, P.A.
Firm/Company

789 S Federal Highway, Suite 101
Address

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:

Elizabeth Bonan at (772) 287-1745
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Palm Grove Association, Inc.
- 2. The principal office address: 5951 Travelers Way
Fort Pierce, FL 34982
- 3. The mailing address (if different): same as above
- 4. Date of incorporation/qualification: 04/07/1992 Document number: N48245

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)

Elizabeth Bonan, Attorney
759 S Federal Highway, Suite 212
Stuart, FL 34994

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

Ross Earle & Bonan, P.A.
789 S Federal Highway, Suite 101
P.O. Box NOT acceptable
Stuart, FL 34994

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.

Robert J. Tiberio
Signature of an officer or director

ROBERT J. TIBERIO TREAS.
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.

Elizabeth Bonan
Signature of Registered Agent

6/22/11
Date

If signing on behalf of an entity:

ELIZABETH BONAN, ESQ.
Typed or Printed Name

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