N94000003098

(Requestor's Name)					
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SECRETARY OF STATE

ALLAHASSEE, FLORIG

DDR 10/14/11

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607. ange is submitted for a corp er to change its registered (poration organized	under the laws of the Si	tate of Florida		
1. The name of	the corporation: The Cl	ub at Indian L	akes Homeown	ers' Association, Inc.		
2. The principal	office address: 6088 Ro	ssmoor Lakes	Drive			
Boynton B	Beach, FL 33437					
3. The mailing a	address (if different): C/O	Castle Group				
P.O. Box	x 559009, Ft. Laudero	dale, FL 33355				
4. Date of incor	poration/qualification:	6/22/1994	_ Document number:	N94000003098		
	d street address of the curre rtment of State: (If resigne		and registered office or	n file with the		
	Becker & Poliakoff,	P.A.				
	625 N Flagler Dr 7 f	loor				
	W Palm Beach, FL	33401				
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or regist	ered office		
	Brough, Chadrow &	Levine, P.A.		- Cart		
	1900 North Commerce Parkway					
P.O. Box NOT acceptable						
Þ	Weston, FL 33326			<u> </u>		
as changed wil	l be identical.			fice of its registered agent,		
Such change wauthorized by t	as authorized by resolution the board, or the corporation	on duly adopted by on has been notific	its board of directors of the cha	or by an officer so nge.		
Satu	ica Loyelate ure of an officer of director	<u>, </u>	PATRICIA K	ORNBLATT		
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as regis to comply with the provis nd I am familiar with and ing filed mefely to reflect is been polified in writing	stered agent and a sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capa s relative to the proper tion of my position as re egistered office address	city. and complete performance egistered agent. Or, if this , I hereby confirm that the		
			9/281	¹ 11		
	grature of Registered Agent		Date			
If signing on bo	ehalf of an entity:	\wedge \circ	1 , 11	. 01		
Soft U	Louise, CSa. Typed or Printed Name	tar Brough,	Chadron & Lev	ine, r. A.		
	Types of a conce conte					

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