

N95000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000142133260

01/30/09--01011--028 **35.00

FILED
09 JAN 30 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chang
2/10/09
DC

DICKER, KRIVOK & STOLOFF, P.A.

ATTORNEYS AT LAW

1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FLORIDA 33409

DEC 22 2008

TELEPHONE
(561) 615-0123

FAX
(561) 615-0128

EDWARD DICKER
JAMES N. KRIVOK
SCOTT A. STOLOFF
LAURIE G. MANOFF
JOHN R. SHEPPARD, JR.

December 18, 2008

Cypress Lake Estates Homeowners
Association, Inc.
c/o Associated Property Management
1928 Lake Worth Road
Lake Worth, FL 33461

Attention: Vangela Brodsky

**Re: C. L. E. Homeowners Association, Inc. / Statement of Change of Registered Agent
Form**

Dear Ms. Brodsky:

As per your request, we have prepared the enclosed Statement of Change of Registered Agent form for the above Association, which I have signed as the new registered agent.

Kindly have same properly signed by an officer or director, and forward same with the appropriate payment directly to the Florida Division of Corporations, or, if you prefer, you may return it to our office, and we will forward it to the Division.

Very truly yours,



EDWARD DICKER
For the Firm

EAD:sao
Enclosure
cc. Association
264710112.18L

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C. L. E. HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N95000000241

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:

EDWARD DICKER, ESQ.

(Name of Contact Person)

DICKER, KRIVOK & STOLOFF, P.A.

(Firm/Company)

1818 Australian Avenue South, Suite 400

(Address)

West Palm Beach, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Dicker, Esq.

(Name of Contact Person)

at (561) 615-0123

(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: C. L. E. HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: Associated Property Management, 1928 Lake Worth Road,
Lake Worth, FL 33461
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/17/1995 Document number: N95000000241
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)

Associated Property Management
1928 Lake Worth Road
Lake Worth, FL 33461

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

EDWARD DICKER, ESQUIRE, Dicker, Krivok & Stoloff, P.A.
1818 Australian Avenue South, Suite 400
(P.O. Box NOT acceptable)
West Palm Beach, FL 33409

FILED
09 JAN 30 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 any officer or director)

DUANE BURGARD DIRECTOR/TREASURER
(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.


(Signature of Registered Agent)

12/18/08
(Date)

If signing on behalf of an entity:

Edward Dicker
(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 (8/05)