N95000000728

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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R.A

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COVER LETTER

Division of Corporations				
Cyproce Coy Homogynore Acceptation Inc				
SUBJECT: Cypress Cay Homeowners Association, Inc. Name of Corporation				
·				
DOCUMENT NUMBER: N9500000728				
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:				
James Calderazzo Name of Contact Person				
Name of Contact Person				
J&L Property Management Inc.				
Firm/Company				
10191 W Sample Road Suite.203				
10191 W Sample Road Suite 203 Address				
Coral Springs El 33065				
Coral Springs FL 33065 City/State and Zip Code				
joyce@jlpropertymgmt.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
James Calderazzo at (954) 753-7966 Ext 102				
Name of Contact Person at (954) 753-7966 Ext 102 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 Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

Amendment Section

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid cange is submitted for a corporation organized under the laws of the State of the to change its registered office or registered agent, or both, in the State of	Florida
1. The name of	the corporation: Cypress Cay Homeowners Association,	Inc.
2. The principal	l office address: c/o J&L Property Management Inc.	
<u>10191 W S</u>	Sample Road Suite 203, Coral Springs FL 33065	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification:2/13/1995 Document number:	N95000000728
	d street address of the current registered agent and registered office on file vartment of State: (If resigned, enter resigned)	vith the
	Absolute Property Management	
	541 S State Rd 7	77 . 28
	Margate FL 33068	ZIOS AUG 31 SECRETAR TALLAHASS
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered o	TARY OF STATE ASSEE, FLORI
	James Calderazzo c/o J&L Property Management inc.	_ PSI + D
	10191 W Sample Road Suite 203 P.O. Box NOT acceptable	O7 RIDA
	Coral Springs FL 33065	_
The street addre	ess of its registered office and the street address of the business office of the identical.	its registered agent,
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by a be board or the corporation has been notified in writing of the change.	n officer so
Me Avgnatur	ire of an officer or dispersed. ETER DOLGNOF Printed or typed name and	P / PEASULTR
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I her s been notified in writing of this change.	omplete performance red agent. Or, if this eby confirm that the
Chry	(18/19/11 8/20/09	
Sign	Date Date	
If signing on be	chalf of an entity:	
	yped or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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