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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Harmony Lakes Central Homeowners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N95000002557

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:

Matthew Rosenbaum

Name of Contact Person

New Community Strategies

Firm/Company

4350 Oakes Road, # 516

Address

Davie, FL 33314

City/State and Zip Code

harmonylakes@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen H. Llera

,305

899-8184

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

CR2E045 (03/12)

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

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of	Florida	
	the corporation: Harmony Lakes C	_		
	office address: 4350 Oakes Road			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: May 31, 1995	Document number: N950	00002557	
	d street address of the current registered a rtment of State: (If resigned, enter resigne		vith the	
	New Community Strategies		_	
	4801 South University Drive,	# 132	_	
	Davie, FL 33328 US		_	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered o	FIL 12 OCT - I SECNETAR TABLAHASS	
	4350 Oakes Road, Suite # 5	16	<u> </u>	
•	Davie, FL 33314	acceptable	STATE FLORID	
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.				
Signation Signature	Karen H. Llera, HOA Secretary Signature of an officer or director Printed or typed name and title			
l juriner agree performance of	t the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a his document is being filed merely to reflect that the corporation has been notified in	utes relative to the proper and con eccept the obligation of my positio	nplete n as registered ce address, I	
	proture of Begintered Agent	September 20, 2012		
	gnature of Registered Agent chalf of an entity:	Date		
- -				
Matthew Rosenbaum Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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