

N95000004479

(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



100018820411

05/19/03--01036--023 **35.00

FILED
03 MAY 19 AM 10:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

Rs 5/23/03
MHO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aberdeen Parcel 'O' HOA Inc.
(Name of corporation)

DOCUMENT NUMBER: N95000004479

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:

Michelle Rosenbaum
(Name of person)

Community Assn. Svc.
(Name of firm/company)

951 Broken Sound Pkwy #250
(Address)

Boca Raton, FL 33487
(City/state and zip code)

For further information concerning this matter, please call:

Michelle Rosenbaum at (561) 994-1788 x38
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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: Aberdeen Parcel "O" Homeowners Association, Inc.
2. The principal office address: 951 Broken Sound Pkwy #250
Boca Raton, FL 33487
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/20/95 Document number: N95000004779

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ST. John, Dicker, Krivok + Coe P.A.
500 Australian Ave South
West Palm Beach, FL 33401

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

Dicker, Krivok + Stoloff, P.A.
1818 Australian Ave South #400
(P.O. Box or personal mailbox NOT acceptable)
West Palm Beach, FL 33409

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.

Howard Aronoff
(Signature of an officer, chairman or vice chairman of the board)

HOWARD ARONOFF
(Printed or typed name and title)

PRESIDENT

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]
(Signature of Registered Agent)

5-14-03
(Date)

If signing on behalf of an entity:

St H A. Stoloff
(Typed or Printed Name)

Principal
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314