

N97000006490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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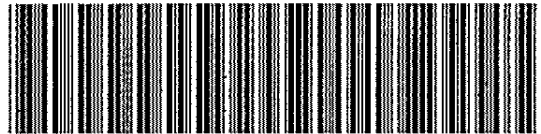
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*R. A. Chang*  
G. O'Connell SEP 08 2004

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THE PALMS NEIGHBORHOOD ASSOCIATION OF  
THE PALMS AT HAMPTON LAKES, INC  
(Name of corporation)

DOCUMENT NUMBER: N97000006490

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 W. Boyle  
(Name of contact person)

Boyle Management Services, Inc.  
(Firm/Company)

498 Palm Springs Drive #235  
(Address)

Altamonte Springs, FL 32701  
(City/state and zip code)

For further information concerning this matter, please call:

Jim Boyle at (407) 260-1119  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

8/16/04

REC'D	_____
VENDOR #	FLOR 01
ASSN #	PK
MGR	_____
DATE	8/10/04
TRANS #	7140

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: THE PALMS NEIGHBORHOOD ASSOCIATION OF THE PALMS AT HAMPTON LAKES, INC.
2. The principal office address: 498 Palm Springs Dr. # 235  
Altamonte Springs, FL 32701
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/17/97 Document number: N97000006490

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

Melrose Management Group  
11600 W. Colonial Dr.  
Orlando, FL 32804

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

JAMES W. BOYLE  
Boyle Management Services, INC.  
498 Palm Springs Dr. # 235  
(P.O. Box NOT acceptable)  
Altamonte Springs, FL 32701

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]  
(Signature of an officer or director)

Lawrence M. Sheeler, President  
(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]  
(Signature of Registered Agent)

8/25/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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