

N98000000 165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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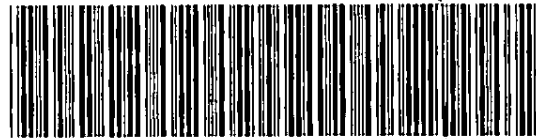
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19-FEB-14 AM 10:22

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FEB 05 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2019

DAVID IGLESIAS  
15800 PINES BLVD, STE 303  
PEMBROKE PINES, FL 33027

SUBJECT: CLUB ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N98000000165

We have received your document for CLUB ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 419A00001483

2019 FEB -4 PM 12:06

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Club Road Estates Homeowners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N98000000165

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:

**David D. Iglesias, Esq.**

Name of Contact Person

**Iglesias Law Group, P.A.**

Firm/Company

**15800 Pines Blvd, Suite 303**

Address

**Pembroke Pines, FL 33027**

City/State and Zip Code

**david@ilegalgroup.com**

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

For further information concerning this matter, please call:

**David D. Iglesias**

Name of Contact Person

at ( **954** ) **362-5222**

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: Club Road Estates Homeowners' Association, Inc.
2. The principal office address: DAVENPORT MGMT 6620 LAKE WORTH RD, STE F  
LAKE WORTH, FL 33467
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/09/1998 Document number: N98000000165

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)

Davenport Property Mgt LLC  
6620 Lake Worth Rd, Ste F  
Lake Worth, FL 33467

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

Iglesias Law Group, P.A.

15800 Pines Blvd, Suite 303

P.O. Box NOT acceptable

Pembroke Pines, FL 33027

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.

Betty J. Murphy  
Signature of an officer or director

Betty J. Murphy  
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

12/31/18  
Date

If signing on behalf of an entity:

David D. Iglesias

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 (03/12))

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TALLAHASSEE, FLORIDA