Florida Department of State

Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____dane.leitner@gray-robinson.com

REGISTERED AGENT CHANGE THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSOCIATION,

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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute, age is submitted for a corporation organized under the laws of the State of Florida	! 	•-
	to change its registered office or registered agent, or both, in the State of Florida		
	ne corporation: THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSOCIA		
	office address: 2950 JOG ROADGREENACRES, Fl. 33467		 -
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 08/07/1998 Document number: N98000004634		
The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	WARD DAMON POSNER PHETERSON & BLEAU PL		
	4420 BEACON CIRCLE		
	WEST PALM BEACH, FL 33407		
	street address of the new registered agent (if changed) and /or registered office	SEC 033s	2024 APR
	GRAY ROBINSON, P.A. 6/0 DANE E. LEITNER, HSQ.	REI	APR
	SIS MORTH EL ACTER INDIVERSE CON	対形の	29
	P.O. Hox NOT acceptable	- 分代 - かゆ	7
	WEST PALM BEACH, FL 33401	13.00 11.00	ب
The street addre	ss of its registered office and the street address of the business office of its regis be identical.	·1	nt,U
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office ie board, or the corporation has been notified in writing of the change.	r so	
	HORACE ALLISON, PRESIDENT e of an officer of director Printed or typed name and title		
_		— 1 	
I hereby accept I further agree t of my duties, an document is ben corporation (as	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete d I am familiar will and accept the obligation of my position as registered agen ng filed merely to reflect a change in the registered office address, I hereby con peen notified in writing of this change.	performan 11. Or, if t firm thát t	nce his the
9/	anture of Registered Agent 9/30/24		
	half of an entity:		
Dan	e Leitus red 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 (04/13)