

N990000001548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

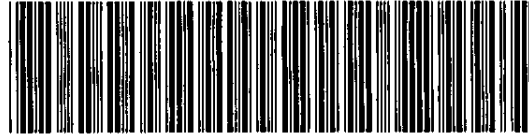
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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2015 MAY -8 PM 4:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

DR
5/14/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PONTE VECCHIO HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N99000001548

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 HARWOOD

Name of Contact Person

PONTE VECCHIO HOMEOWNERS ASSOCIATION, INC

Firm/Company

7050 CATANIA DR

Address

BOYNTON BEACH, FL 33472

City/State and Zip Code

JAMES.HARWOOD@FSRESIDENTIAL.COM

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

For further information concerning this matter, please call:

JAMES HARWOOD

Name of Contact Person

at (**561**) **736-7704**

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: PONTE VECCHIO HOMEOWNERS ASSOCIATION, INC
2. The principal office address: 7050 CATANIA DR
BOYNTON BEACH, FL 33472
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: N99000001548

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)

KEITH BACKER (RESIGNED)
400 S DIXIE HWY THE ARBOR STE 420
BOCA RATON, FL 33432

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

CHELLE KONYK, ESQ.
777 SOUTH FLAGLER DR STE 800 WEST TOWER
P.O. Box NOT acceptable
WEST PALM BEACH, FL 33401

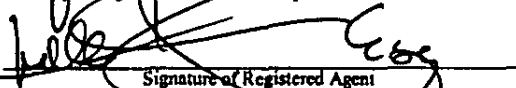
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of the officer or director

HOWARD I JOROFF, 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 of Registered Agent

APRIL 23, 2015

Date

If signing on behalf of an entity:

Chelle Konyk, Esq.

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)