N9900003921

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R.A. Change

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TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations
SUBJ	ECT: Loxahatchee Estates Property Owners Association, Inc.
	(Name of corporation)
DOC	UMENT NUMBER: N99000003921
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Colette Isner
	(Name of person)
Lox	ahatchee Estates Property Owners Association, Inc.
219	(Name of firm/company) 2 Northfolk Drive
<u> — </u> Јир	(Address) iter, FL 33458
	(City/state and zip code)
For fu	urther information concerning this matter, please call:
Mic	hael J. Stevens at (561) 471-8359 (Name of person) (Area code & daytime telephone number)
	(Name of person) (Area code & daytime telephone number)
Enclo	sed is a \$35.00 check made payable to the Department of State.
Amen Divisi P.O. I	ng Address: Idment Section Ion of Corporations Sox 6327 Section Section Division of Corporations Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

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

		517.0502, 607.1508, or 617.1508, Florida Statutes,		
	·	ion organized under the laws of the State of		
<u>Florida</u> of Florida.	-	ered office or registered agent, or both, in the State		
1. The name of	the corporation: Loxahatchee Es	tates Property Owners Association, Inc.		
2. The principa	l office address: 2197 Northfol	k Drive, Jupiter, FL 33458		
3. The mailing	address (if different): Same			
4. Date of incor	poration/qualification: 6-25-199	9 Document number:N99000003921		
5. The name an	d street address of the current registe	red agent and registered office on file with the		
	Scott J. Leitten			
	1001 N. US Highway One,	Suite 400		
	Jupiter, FL 33477	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Scott J. Leitten 1001 N. US Highway One, Suite 400 Jupiter, FL 33477 6. The name and street address of the new registered agent (if changed) and /or registered office (if or changed): Colette Isner				
	2183 Northfolk Drive			
	(P.O. Box or personal ma	ilbox NOT acceptable)		
	Jupiter, FL 33458			
		reet address of the business office of its registered		
Such change wa authorized by the	as authorized by resolution duly ado he board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.		
m1		Michael J. Stevens, Treasurer		
	r, chairman or vice chairman of the board)	(Printed or typed name and title)		
perjormance oj registered agen	my auties, and I am Jamiliar with a ut. Or, if this document is being filed	nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as d merely to reflect a change in the registered on has been notified in writing of this change.		
("OUJH!	asm	11-21-2002		
If signing on behal	lignature of Registered Agent)	(Date)		
11 orbining on oone.	N/A			
(Typed or Printed Name)		(Capacity)		

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