

N99000004545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

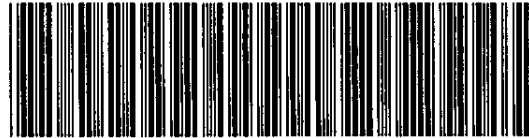
(Document Number)

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04/19/16--01024--006 \*\*10.00

04/01/16--01010--021 \*\*25.00

FILED  
2018 APR 20 PM 2:20  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

4/21/18

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CENTER WEST ASSOC INC  
Name of Corporation

DOCUMENT NUMBER: CC49333 76549

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:

SHIRLEY CHERVENY  
Name of Contact Person

CENTER WEST  
Firm/Company

689 SW PORT ST LUCIE BLVD  
Address

PORT ST LUCIE FL 34953  
City/State and Zip Code

SHIRL 927 @ BELL SOUTH. NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIRLEY CHERVENY at (772) 295-3313  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2016

SHIRLEY CHERVENY  
689 SW PORT ST LUCIE BLVD.  
PORT ST LUCIE, FL 34953

SUBJECT: CENTER WEST ASSOCIATION, INC.  
Ref. Number: N99000004545

We have received your document for CENTER WEST ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

A balance of \$10.00 is due.

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) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 016A00007076

**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: CENTERWEST ASSOCIATION INC
2. The principal office address: 689 SW PORT ST LUCIE BL  
PORT ST LUCIE FL 34953
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/30/1999 Document number: CC4933376549
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)

MARK MEIR (RESIGNED)

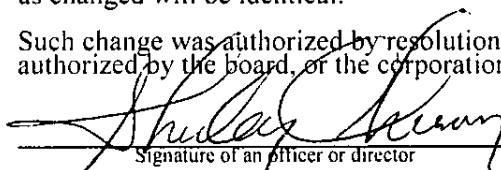
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHIRLEY CHERVENY  
689 SW PORT ST LUCIE BL  
P.O. Box NOT acceptable  
PORT ST LUCIE FL 34953

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TALLAHASSEE, FLORIDA

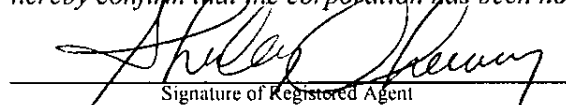
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

SHIRLEY CHERVENY  
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

4/14/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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