

N199000005102

(Requestor's Name)

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DIVISION OF CORPORATIONS
11 DEC 30 PM 1:01

R.A./R.O./CHS
@ 12/30/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stonehaven Estates Home Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N99000005102

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:

Andrea Borell
Name of Contact Person

BA Property Management
Firm/Company

2889 10th Avenue N, Suite 302
Address

Lake Worth, FL 33461
City/State and Zip Code

aborell@bapropertymanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Borell at (561) 283-0507
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

December 21, 2011

ANDREA BORELL
BA PROPERTY MANAGEMENT
2889 10TH AVENUE N - SUITE 302
LAKE WORTH, FL 33461

SUBJECT: STONEHAVEN ESTATES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N99000005102

We have received your document for STONEHAVEN 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):

The current name of the entity is as referenced above. Please correct 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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 711A00028471

RECEIVED
11 DEC 30 AM 8:06
TALLAHASSEE, FLORIDA

**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: Stonehaven Estates Home Owners Association, Inc.
2. The principal office address: 2889 10th Avenue North, Suite 302
Lake Worth, FL 33461
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/07/2006 Document number: N99000005102

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)

Philip Croyle

370 W Camino Gardens Blvd., Suite 300

Boca Raton, FL 33432

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

Alexander Borell

2889 10th Avenue N, Suite 302

P.O. Box NOT acceptable

Lake Worth, FL 33461

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.

James Gesacion
Signature of an officer or director

James Gesacion, Treasurer
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

12/16/11
Date

If signing on behalf of an entity:

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 (8/05)

FILED
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