

N 99000005790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

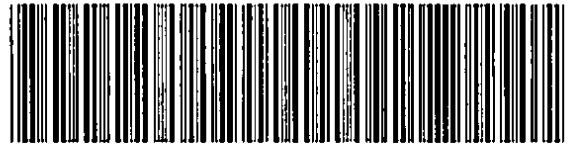
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CLERK OF DISTRICT COURT
JULIA HOSSEIN

C. GOLDEN

MAR 19 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Prairie Dunes Village Neighborhood Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N99000005790

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:

Scott J. Wortman, Esq.

Name of Contact Person

SJW Law Group, PLLC

Firm/Company

12300 South Shore Blvd., Suite 202

Address

Wellington, Florida 33414-6202

City/State and Zip Code

scott@sjwlawgroup.com

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

For further information concerning this matter, please call:

Scott J. Wortman

Name of Contact Person

at (561) 340-4555

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

January 14, 2019

SCOTT J. WORTMAN, ESQUIRE
12300 SOUTH SHORE BOULEVARD
SUITE 202
WELLINGTON, FL 33415-6202

SUBJECT: PRAIRIE DUNES VILLAGE NEIGHBORHOOD ASSOCIATION, INC.
Ref. Number: N99000005790

We have received your document and check(s) totaling \$970.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity's date of incorporation/organization must be listed in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 119A00001063

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

Pursuant to the provisions of sections 607.0501, 617.0502, 607.1503 to 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: Prairie Dunes Village Neighborhood Association, Inc.

2. The principal office address: 5980 Winston Trails Blvd., Lake Worth, Florida 33463

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09-29-1999 Document number: N99000005/90

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)

Korte & Wortman, P.A.

2041 Vista Parkway, #102

West Palm Beach, Florida 33411

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

SJW Law Group, PLLC

12300 South Shore Blvd., Suite 202

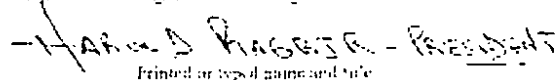
P.O. Box Not Acceptable

Wellington, Florida 33414-6202

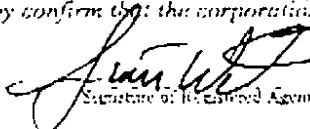
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

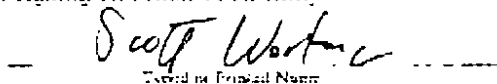
 - President
Printed or typed name and title

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

12/28/18
Date

Is 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 6377, TALLAHASSEE, FL 32314

CP2E015 (03/12)

FILED
2019 MAR 19 PM 3:44
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL