

N 9900000 6919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

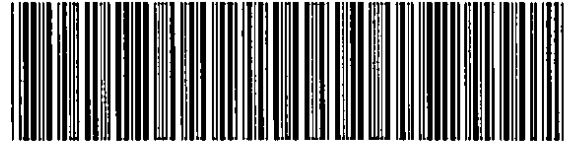
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NOTICE OF STATE  
NOTICE OF STATE

C. GOLDEN

MAR 18 2019

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Indianwood Village Neighborhood Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N99000006919

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 33414-6202

Ref. Number: N9900006919

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: 519A00001063

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SECRETARY OF STATE  
TALLAHASSEE, FL

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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: Indianwood 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: 11-24-1999 Document number: N99000006919
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]  
Signature of an officer or director

[Typed Name]  
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

12/28/18  
Date

If signing on behalf of an entity:

[Typed Name]  
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  
CR26045 (03/12)

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