

P05000160123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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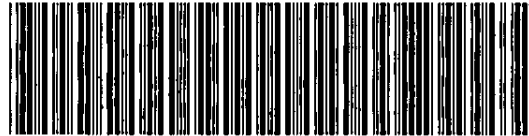
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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C.L.  
1-13-15

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: SIEBER'S COVE HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: P05000160123

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:

LAWRENCE POPRITKIN  
Name of Contact Person

N/A

Firm/Company

11820 NW 17TH PLACE  
Address

PLANTATION, FLA 33323  
City/State and Zip Code

LPOPRITKIN@LDPLAW.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE POPRITKIN at (954) 791-7240  
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

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 FLA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SIEBER'S COVE HOA, INC
2. The principal office address: 11840 NW 17TH PLACE  
PLANTATION, FLA 33323
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2005 Document number: P05000160123
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)

JENNIFER EDWARDS

11840 NW 17 PLACE

PLANTATION, FL 33323

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

LAWRENCE POPRITKIN

11820 NW 17 PLACE

PLANTATION, FL 33323

P.O. Box NOT acceptable

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

LAWRENCE POPRITKIN  
Printed or typed name and title  
**PRESIDENT**

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

12/15/14  
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 (03/12)

\* KINDLY PLEASE CHANGE PRINCIPAL ADDRESS FOR CORPORATION TO:  
11820 NW 17 PLACE  
PLANTATION, FL 33323

FILED  
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DIVISION OF CORPORATIONS  
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