## 714544

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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RAROLIS

## **COVER LETTER**

TO: Amendment So Division of Co	ection rporations		
subject: <u>L</u>	eisureville Fairway Thro Name of Co	ee Association, Ir	IC.
DOCUMENT NUMB	ER:	14546	
The enclosed Statemen	t of Change of Registered Office	e/Agent and fee are subn	nitted for filing.
Please return all corres	condence concerning this matter	to the following:	
•	Ü	C	
	Matthew Zi	frony, Esq.	
	Name of Cor	frony, Esq. ntact Person	
	Tripp Sc Firm/Co	ott, P.A.	
	rifili/Co	inpany	
	110 SE 6th Str	eet 15th Floor	
	Addi		
	Fort Lauderdale City/State an	, Florida 33301	
	City/State an	d Zip Code	
	kak@tripps	cott.com	
E-n	nail address: (to be used for fu		ification)
For further information	concerning this matter, please c	all:	
V.	aran Badar	054	007.0747
	FContact Person	at ( <u>954</u> ) Area Code & Day	627-3717 time Telephone Number
		•	•
Enclosed is a \$35.00 ch	eck made payable to the Departi	ment of State.	•
	Mailing Address: Amendment Section	Street Addres Amendment S	<u>s:</u> Section
	Division of Corporations	Division of C	
	P.O. Box 6327	Clifton Build	•
	Tallahassee Fl 32314		uig ve Center Circle

Tallahassee, FL 32301

TO:

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

. 4

1. The name	of the corporation: Leisur	eville Fairwa	ay Three Association	, Inc.
2. The princi	ipal office address: 2850 W	est Golf Boule	evard	
Pompar	no Beach, Florida 3306	4		
3. The mailir	ng address (if different):		<del></del>	
4. Date of inc	corporation/qualification:	5/3/68	Document number:	714546
	and street address of the currepartment of State: (If resigne		ent and registered office on file	with the
	Becker & Poliakoff,			
	one BOCA Place 2255 Glades Road,	Suite 300E		
	Boca Raton, Florida			<u> </u>
6. The name (if changed		registered agent	(if changed) and /or registered	SECRETARY OF STATIONS NVISION OF CORPORATIONS 11 OCT 20 AM ID: 30 16 office
	Tripp Scott, P.A.			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	110 SE 6th Street,	15th Floor		PORA
	Fort Lauderdale, Flo	orida 33301		<u> </u>
The street ad as changed w	ldress of its registered office will be identical.	and the street a	ddress of the business office of	of its registered agent,
Such change authorized by	was authorized by resolution the board, or the corporation	on duly adopted on has been noti	by its board of directors or by flied in writing of the change.	an officer so
Sade		ie	_	UTHIERE PRESIDENT
I hereby acce	ent the annointment as reais	tered agent and ions of all statut accept the oblig a change in the of this change.	agree to act in this capacity tes relative to the proper and d ation of my position as regist registered office address, I he	
corporation i			10/12/1	,
corporation	Signature of Registered Agent		10/17/10	/

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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