## 728002

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FI ORIN

R.A. Chonse

**C.COULLIETTE** 

OCT 0 9 2008

**EXAMINER** 

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

CASTLE #15 CONDOMINIUM INC			
SUBJECT: CASTLE #15 CONDOMINIUM, INC. (Name of Corporation)			
DOCUMENT NUMBER: 728002			
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	llowing:		
CHARLES F. OTTO, ESQ.			
(Name of Contact Pers	son)		
STRALEY & OTTO, P.A.			
(Firm/Company)			
2699 STIRLING ROAD, SUITE C-207 (Address)			
(Address)			
FORT LAUDERDALE, FLORIDA 33312 (City/State and Zip Code)			
	de		
For further information concerning this matter, please call:			
CHARLES F. OTTO, ESQ. at ( 95	54 ) 962-7367		
(Name of Contact Person) (A	54 ) 962-7367 rea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of S	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

statement of ch	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of FLORIDA der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: CASTLE #15 CONDOMINIUM, INC.	
	al office address: 4770 N.W. 21ST STREET, LAUDERHILL, FLORIDA 33313	<u>.</u>
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 11/07/1973 Document number: 728002	
	and street address of the current registered agent and registered office on file with the partment of State:	
	BAKALAR & EICHNER, P.A.	
	150 SOUTH PINE ISLAND ROAD, SUITE 540	
	PLANTATION, FLORIDA 33324	
6. The name ar (if changed)	and street address of the new registered agent (if changed) and /or registered office ARC	g onstra
	STRALEY & OTTO, P.A.	1
	2699 STIRLING ROAD, SUITE C-207	
	(P.O. Box NOT acceptable)  FORT LAUDERDALE, FLORIDA 33312	
The street add	dress of its registered office and the street address of the business office of its registered agen	t,
D	was authorized by resolution duly adopted by its board of directors or by an officer so the board of the corporation has been notified in writing of the change.	
(Sign	STANLEY SKOLLAR, DIRECTOR  (Printed or typed name and title)	-
_	pt the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligation of my position as registered agent. Or, if the being filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	ce iis ie
	(Signature of Registered Agent) (Date)	_
,	(c.g.maro or regimera regern)	
• •	behalf of an entity:	
CHARLES I	F. OTTO, ESQ.  (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)