

738907

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*JQ 10/2/20*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ESTATES OF ALPINE WOODS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 738807

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:

SHAUN PATTERSON  
Name of Contact Person  
JILSA MANAGEMENT, LLC  
Firm/Company  
2054 VISTA PARKWAY, STE 400  
Address  
WEST PALM BEACH, FL 33411  
City/State and Zip Code

SHAUNPATTERSON@JILSAMANAGEMENT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAUN PATTERSON at ( 561 ) 544-1122  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: ESTATES OF ALPINE WOODS ASSOCIATION, INC.
- 2. The principal office address: C/O JILA MANAGEMENT, 2054 VISTA PARKWAY, STE. 400.  
WEST PALM BEACH, FL 33411
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 04/22/1977 Document number: 738807
- 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)

PROPERTY MANAGEMENT PARTNERS, INC  
7112 WEST MCNAB ROAD  
TAMARAC, FL 33321

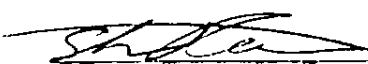
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KRAVIT LAW, P.A.  
2101 NW CORPORATE BLVD., STE 410  
P.O. Box NOT acceptable  
BOCA RATON, FL 33431

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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

Shawn Patterson authorized officer  
 \_\_\_\_\_  
 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

6/18/20  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:  
CORY KRAVIT, ESQ.  
 \_\_\_\_\_  
 Typed or Printed Name

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