748079

(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:

Office Use Only

100182600581

07/02/10--01034--013 **35.00

FILED
10 JUL -2 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA change
7-8-10
DC

## COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE LAURELS AT MARGATE CONDOMINIUM ASSOCIATION INC.
Name of Corporation

DOCUMENT NUMBER: 748079

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:

PATRICK LAFFEY
Name of Contact Person

THE LAURELS AT MARGATE
Firm/Company

340 WEST LAUREL DRIVE
Address

MARGATE, FLORIDA 33063
City/State and Zip Code

THE-LAURELS@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK LAFFEY at (954) 979-4430
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

CR1E043 (4/03)

**STATEMENT OF CHANGE OF REGISTERED OFFICE & / REGISTERED AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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: THE LAURELS AT MARGATE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 340 WEST LAUREL DRIVE
   MARGATE, FLORIDA 33063
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7-16-1979 Document number: 748079
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)
   KATZMAN GARFINKEL & BERGER
   1501 NW 49TH STREET
   FT LAUDERDALE, FLORIDA 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
   LARRY E. SCHNER, P.A. ATTORNEY AT LAW
   750 SOUTH DIXIE HIGHWAY
   P.O. Box NOT acceptable
   BOCA RATON, FLORIDA 33432

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] DOROTHY RUDY 6-25-10
Signature of an officer or director — 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] JUNE 28, 2010
Signature of Registered Agent — Date

If signing on behalf of an entity:

LARRY E. SCHNER
Typed or Printed Name

FILED
10 JUL -2 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*** 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 (R/05)