

753078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

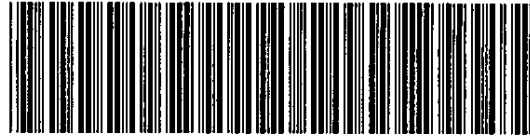
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C.L.
476-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOLF Villas AT PGA National ~~Mademian~~
Name of Corporation ASSOCIATION, Inc.

DOCUMENT NUMBER: 753078

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:

Erika Gorden
Name of Contact Person

Seacrest Services, Inc.
Firm/Company

2400 Centrepark W. Drive Suite 175
Address

West Palm Beach FL 33409
City/State and Zip Code

E.gorden @ seacrestservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Gorden at (561)
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

Inc.

- 1. The name of the corporation: GOLF Villas at P&A National Condominium Association
- 2. The principal office address: 4440 P&A Boulevard, Suite 308
Palm Beach, FL 33410
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 6/21/1980 Document number: 753078

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)

Son Rise Property + Estate Management
19940 Mona Road, Suite 3
Tequesta FL 33469

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

Law Office of Gary Fields P.A.
4440 P&A Boulevard, Suite 308
Palm Beach Gardens, FL 33410

P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS

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 of the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

ANTHONY W. AVERANO, PRES.
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]
Signature of Registered Agent

3/12/15
Date

If signing by 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)