

754222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

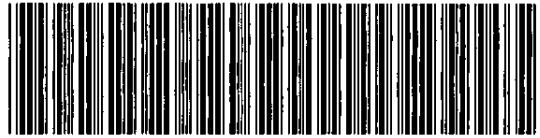
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800137578958

11/10/08--01050--004 **35.00

FILED
08 NOV 10 AM 9:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

RACH
11/17/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Pines of Boca Barwood Condominium Assn. Inc.
(Name of Corporation)

DOCUMENT NUMBER: 754222

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:

Sharon Kasen
(Name of Contact Person)

Benchmark Property Mgmt.
(Firm/Company)

7932 Wiles Road
(Address)

Coral Springs FL 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Kasen at (954) 344-5353
(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.

- 1. The name of the corporation: The Pines of Boca Barwood II Condominium Assoc. Inc.
- 2. The principal office address: 40 Benchmark Property Mgmt., 7932 Willes Road, Coral Springs FL 33067
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 9/1980 Document number: 754222

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)

Meyerwitz, Andrew
DCI 2035 Harding street ~~RD~~ suite 200
Hollywood, FL 33020

09 NOV 10 AM 9:21
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Robert Kaye + Associates, P.A.
6261 N.W. 16th way suite 103
(P.O. Box NOT acceptable)
Ft. Lauderdale, FL 33309

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.

George Fiorella
(Signature of an officer or director)

George Fiorella President
(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.

Robert Kaye
(Signature of Registered Agent)

11-5-08
(Date)

If signing on behalf of an entity:

Robert Kaye
(Typed or Printed Name)

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