

768717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

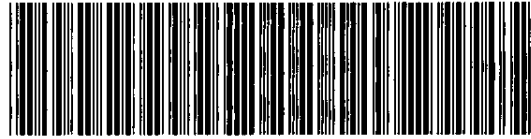
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WHITEHALL CONDOMINIUMS OF THE LAKES OF PROSPECTS  
Name of Corporation

**DOCUMENT NUMBER:** 768717

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:

AUBEN ADAMS

Name of Contact Person

PROPERTY MANAGEMENT RESOURCES, INC  
Firm/Company

4000 S. 57TH AVE #101

Address

LAKE WORTH FL 33463

City/State and Zip Code

landatam@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AIDA ORTIZ

Name of Contact Person

at ( 561 ) 889-4459

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.

- The name of the corporation: WHITEHALL CONDOMINIUMS OF THE LANDS OF THE PRESIDENTS
- The principal office address: 3700 WHITEHALL DRIVE  
W.P.B. FL 33401
- The mailing address (if different): \_\_\_\_\_
- Date of incorporation/qualification: 6/1/83 Document number: 768717

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)

ROBERT POLIAKOFF, P.A.  
CB KENNETH DINEKON  
625 N. FLAGLER DRIVE, 7TH FLOOR  
W.P.B., FL 33401

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 TALLAHASSEE, FLORIDA

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

PROPERTY MANAGEMENT RESOURCE  
4000 S. 57TH AVE #101  
P.O. Box NOT acceptable  
LAKE WORTH, FL 33463

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

RALPH HINTZ ST  
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

10/29/2010  
Date

If signing on behalf of an entity:

RALPH HINTZ  
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