## N040000000000

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MA Change Thereis 12-11-09

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Springcrest Condominion Name of Condo	um Association, Inc.	
DOCUMENT NUMBER: NO4	00000010	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Charles F. Name of Co	Otto, Esq.	
Straley & Otto, P.A. Firm/Company		
Thine	ompany .	
2699 Stirling Road, Suite C-207		
Address		
Fort Lauderd	ale, FL 33312 ad Zip Code	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Charles F. Otto, Esq.	at ( 954 ) 962-7367	
Name of Contact Person	at ( 954 ) 962-7367 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depart	ment of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Springcrest Condominium Association Inc.
2. The principal	office address: 4245 North University Drive, Sunrise, FL 33351
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 12/29/2003 Document number: N0400000010
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Jon Polenberg, P.A.
	4300 North University Drive, #D-204
•	Fort Lauderdale, FL 33351
6. The name and (if changed):	Fort Lauderdale, FL 33351  I street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) are registered agent (if changed)
	Straley & Otto, P.A.
	2699 Stirling Road, Suite C-207
	P.O. Box NOT acceptable
	Fort Lauderdale, FL 33312
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Skelly Stabaghin	Shelvy Cechivi Tresident
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sign	nature of Registered Agent Date
if signing on bel	half of an entity:
Charle	08 F. Otto Esq.  rped or Printed Name
	* * LEILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)