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TALLAHASSEE FLORIDA



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May 15, 2009

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Patricia Hermosa
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Corbyn A. Grieco
Director of Client Relations
Monica Velez

Stuart J. Zoberg

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Condominium I at Barletta Association, Inc.; Our File No. 50272 Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL ROSENBAUM

Donna D. Berger, Esq. Managing Partner

DDB:dts Enclosures

cc: Board of Directors

Property Manager

KGRLawFirm.com

1501 NW 49th Street, 2nd Floor, Fort Lauderdale, FL 33309 T 954.486.7774 F 954.486.7782

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## • STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	e provisions of sections 607	.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	of change is submitted for a c	orporation organized under the laws of the State of
FLORIDA	in order to change it	s registered office or registered agent, or both, in the State
of Florida.		
1. The name of	the corporation: CONDOM!	NIUM I AT BARLETTA ASSOCIATION, INC.
2. The principa	office address: 11691 GAT	EWAY BLVD., SUITE 203, FT. MYERS FL 33913
3. The mailing	address (if different): SAME	
4. Date of inco	rporation/qualification:10	/22/2004 Document number: N04000010028
	artment of State:	t registered agent and registered office on file with the
	S & S GOLF MANAGEMEN	I, INC.
	11691 GATEWAY BLVD., S	UITE 203
	FT. MYERS FL 33913	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  KATZMAN GARFINKEL ROSENBAUM		
	1501 NORTHWEST 49TH S	TREET, 2ND FLOOR
		personal mailbox NOT acceptable)
	FORT LAUDERDALE, FLOR	IDA 33309
		nd the street address of the business office of its registered
Such change wanthorized by	vas authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
(Signature of an office	aussin 5/1/09 er, chairman of vice chairman of the board	Printed or typed name and title)
perjorman <u>ce o</u> regist <del>ered</del> agei	I my duties, and I am familia nt. Or if this document is be	red agent and agree to act in this capacity.  In this of all statutes relative to the proper and complete  In with and accept the obligation of my position as  It is in a city in the registered in the registered in the registered in the registered.  In this change in the change in the change.
		5/15/09
,	Signature of Registered Append	(Date)
If signing on beha DONNA D. BEI	RGER, ESQUIRE	MANAGING PARTNER
	(Typed or Printed Name)	(Capacity)
	Make checks payable to F	LING FEE: \$35.00 * * *  LORIDA DEPARTMENT OF STATE AND MAIL TO:  5, P.O. Box 6327, Tallahassee, FL 32314