N04000010196

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COVER LETTER

TO:	Amendment Section Division of Corporations
•	
SUBJ	ECT: BELMONT AT NORTH LAUDERDALE CONDOMINIUM ASSOCIATION, INC
	(Name of Corporation)
DOCI	MENT NUMBER: N04000010196
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ERIC M. GLAZER
	(Name of Contact Person)
	GLAZER & ASSOCIATES, P.A.
	(Firm/Company)
	1920 E. HALLANDALE BEACH BLVD, SUITE 806
	(Address)
	HALLANDALE, FLORIDA 33009
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
LOUIS	S GOETZ at (954) 455-1666 (Name of Contact Person) (Area Code & Daytime Telephone Number)
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassae, FL 32314 Contact Address: Amendment Section Division of Corporations Clifton Building Tallahassae, FL 32314 Contact Address: Amendment Section Division of Corporations Clifton Building Contact Circle

Tallahassee, FL 32301

TO:

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 ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of I	Florida	
,1. The name of t	the corporation: BELMONT AT NORTH LAUDERDALE CONDOMINIUM AS	SSOCIATION,	INC
2. The principal	office address: COMPLETE PROPERTY MANAGEMENT OF SOUTH FLO	ORIDA	
4340 NW 19	9th AVENUE, SUITE I, POMPANO BEACH, FLORIDA 33064		
3. The mailing a	address (if different): (same)		
4. Date of incorp	poration/qualification: 10/27/2004 Document number: N04000	010196	
	d street address of the current registered agent and registered office on file wirtment of State:	ith the	
	SWIFT MANAGEMENT & SOLUTIONS	_	
	1750 UNIVERSITY DRIVE, #205	-	
	CORAL SPRINGS, FLORIDA 33071		<u></u>
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	fice SSEARY	
	GLAZER & ASSOCIATES, P.A.		
	1920 E. HALLANDALE BEACH BLVD., SUITE 806	STATE ORID	
	(P.O. Box NOT acceptable)	- 160	<u>F</u>
	HALLANDALE, FLORIDA 33009	_	
The street addre as changed will	ess of its registered office and the street address of the business office of il be identical.	ts registered a	gent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by ar he board, or the corporation has been notified in writing of the change.	n officer so	
- Ulcilor (Signatu	ture of an officer or director) Michael Przybjejen - (Printed ortyped name and	Secretary	
I hereby accept I further agree t of my duties, an document is bet corporation has	t 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 count of an familiar with and accept the obligation of my position as registered in the deligible merely to reflect a change in the registered office address, I here a been notified in writing of this change.		nance if this it the
	June 10, 2008		
` •	Tgodure of Registered Agent) (Date)		
	ehalf of an entity:		
ERIC M. GLA	AZER Typed or Printed Name)		

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