:N05000001547

(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:					
Special instructions to Filing Officer.					

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COVER LETTER

то:	Amendment Division o	nt Section f Corporations			
SUBJ	ECT:	Hollywood Parc Condomi Name of C	nium Association, I	nc.	
DOC	UMENT NU	MBER: NO5	000001547		
The e	nclosed State	ment of Change of Registered Offic	ce/Agent and fee are submi	tted for filing.	
Please	e return all co	prespondence concerning this matter	er to the following:		
		Steve Crane, P	roperty Manager		
		Name of Co	ontact Person		
Hollywood Parc Condominium Association, Inc.					
		Firm/C	ompany		
500 South Park Road					
Address					
	Hollywood, FL 33021 City/State and Zip Code				
	hollywoodparc@hotmail.com E-mail address: (to be used for future annual report notification)				
For fu	ırther inform	ation concerning this matter, please	call:		
		Steve Crane	at (954)	964-7921	
	Na	me of Contact Person	Area Code & Dayt	ime Telephone Number	
Enclo	sed is a \$35.0	00 check made payable to the Depar	rtment of State.		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng /e Center Circle	

TO:

- STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Hollywood Parc Condominium Association, Inc.
2. The principal office address: 500 South Park Road, Hollywood, FL 33021
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/14/2005 Document number: N05000001547
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)
Randall K. Roger & Associates, P.A.
621 NW 53rd Street, Suite 300
Boca Raton, FL 33487
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): Shendell & Associates, P.A.
3650 North Federal Highway, Suite 202 P.O. Box NOT acceptable
Lighthouse Point, FL 33064
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 Printed or typed name and utle
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 5/17/2011 Date
If signing on behalf of an entity:
Tamar Duffner Shendell, President Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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