

N 05000007781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

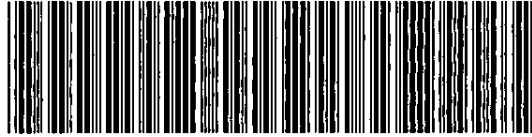
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COURTYARDS AT DAVIE CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N05000007781

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:

Lindsay Raphael
(Name of Contact Person)

TRIPP SCOTT, P.A.
(Firm/Company)

110 SE 6th Street, 15th Floor
(Address)

Fort Lauderdale, Florida 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Lindsay Raphael at (954) 525-7500
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2009

LINDSAY RAPHAEL
110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301

SUBJECT: COURTYARDS AT DAVIE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000007781

We have received your document for COURTYARDS AT DAVIE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$61.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 909A00005636

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.

- 1. The name of the corporation: COURTYARDS AT DAVIE CONDOMINIUM ASSOCIATION, INC.
- 2. The principal office address: 6920 SW 39th Street, Davie, Florida 33314
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 7/29/05 Document number: N05000007781
- 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)

SKRLD, Inc.
201 Alhambra Circle, Suite 1102
Coral Gables, Florida 33134

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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):

Tripp Scott, P.A.
110 SE 6th Street, 15th Floor
(P.O. Box NOT acceptable)
Fort Lauderdale, Florida 33301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

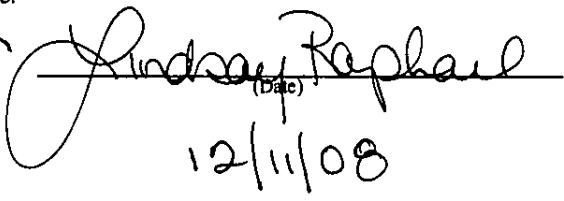
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

LEON H. MCFADDEN PRESIDENT, BOD.
(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)


(Date)
12/11/08

If signing on behalf of an entity:
Lindsay Raphael
(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