

N14114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

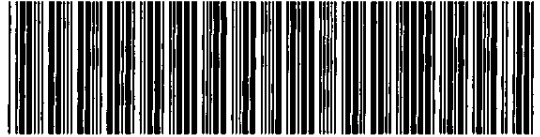
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 24 PM 1:45

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@ 12/31/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHATHAM TOWNE AT JACARANDA CONDOMINIUM ASSOC., INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N 14114

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:

MINDY LISA  
(Name of Contact Person)

WEST BROWARD COMMUNITY MGMT., INC.  
(Firm/Company)

P.O. BOX 551390  
(Address)

DAVE FL 33355-1390  
(City/State and Zip Code)

For further information concerning this matter, please call:

MINDY LISA at (954) 472-3820 X103  
(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

**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: CHATHAM TOWNE AT JACARANDA CONDOMINIUM ASSOC. INC.

2. The principal office address: 11530 STATE ROAD 84  
DAVIE FL 33325

3. The mailing address (if different): P. O. BOX 551390  
DAVIE FL 33355-1390

4. Date of incorporation/qualification: 4/1/86 Document number: N 14114

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
CHERYL J. LEVINE  
COURTYARD BUSINESS CENTER 4694 NW 103RD AVE  
SUNRISE FL 33351-7970

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
DAVID J. SCHOTTENFELD, P.A.  
7520 NW 5 ST, SUITE 203  
(P.O. Box NOT acceptable)  
PLANTATION FLORIDA 33317

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.

*George Carson*  
(Signature of an officer or director)

GEORGE CARSON  
(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.*

*David J. Schottenfeld*  
(Signature of Registered Agent)

11/28/07  
(Date)

If signing on behalf of an entity:  
DAVID J. SCHOTTENFELD  
(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

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