N21577

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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JECRETARY OF STATE

Roberts DEC 3 0.2009

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: APPLEWOOD VILLAG	SE IV CONDOMINIUM ASSOCI				
N	ame of Corporation				
DOCUMENT NUMBER:	N21577				
The enclosed Statement of Change of Registe	red Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
0.775					
STEVEN S. VALANCY Name of Contact Person					
	ine of contact i close.				
JENNIN	IGS & VALANCY, P.A.				
	Firm/Company				
311	SE 13TH STREET				
	Address				
EODT I ALID	EDDALE ELODIDA 22216				
Cit	ERDALE, FLORIDA 33316 y/State and Zip Code				
tomlmesser@bellsouth.net E-mail address: (to be used for future annual report notification)					
E-man address. (to be u	sed for future annual report notification)				
For further information concerning this matte	r, please call:				
DONNA AVEN	at (954) 463-1600				
Name of Contact Person	at (954) 463-1600 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to t	he Department of State.				
Mailing Address:	Street Address:				
Mailing Address: Amendment Section					
Division of Corpora P.O. Box 6327	ations Division of Corporations Clifton Building				
Tallahassee, FL 32					
	Tallahassee, FL 32301				

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

statement of cha	nge is submitted for a c	orporation organized	607.1508, or 617.1508, Flor d under the laws of the State l agent, or both, in the State	_{2 of} FLORIDA	
1. The name of t	he corporation: APPL	EWOOD VILL	AGE IV CONDOM	IINIUM ASSOCIATION	INC.
2. The principal	office address: 2906 (CARAMBOLA CI	RCLE SOUTH		
3. The mailing a	ddress (if different): <u>C/</u>	O TRANSCONT	INENTAL		
1323 LY	ONS ROAD, COC	DNUT CREEK, F	LORIDA 33063		
4. Date of incorp	ooration/qualification: _	07/15/1987	Document number:	N21577	
	street address of the cutment of State: (If resign		t and registered office on fi	le with the	
	MARTIN & BENN	S, P.A.		<u> </u>	
	319 SE 14TH STE	REET			
	FORT LAUDERD	ALE, FLORIDA	33316		
6. The name and (if changed):	I street address of the ne	- ·	f changed) and /or registere	OBOEC 24 MIO: 5	
	311 SE 13TH STF			- STATI	
P.O Box NOT acceptable					, ,
	FORT LAUDERDA	ALE, FLORIDA	33316		
The street addre	ess of its registered offi be identical.	ce and the street add	dress of the business office	e of its registered agent,	
Such change wa authorized by the	as authorized by resolute beard, or the corpora	tion duly adopted by	y its board of directors or led in writing of the chang	by an officer so	
Clana) / O O O Fre of an officer or director	research.	FLENNOR TR	ess tesident	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with a ng filed merely to refle s been notified in writin	gistered agent and a visions of all statute nd accept the obliga ct a change in the r ng of this change.	igree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	y, d complete performance istered agent. Or, if this hereby confirm that the	
Sig	nature of Registered Agent		12-21-09 Date		
If signing on be	half of an entity:				
	EVEN S. VALANCY	, 			

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