N96000005541

(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

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R.A. Charge C.COULLIETTE

DEC 2 0 2010

EXAMINER

COVER LETTER

TO:	Amendment S Division of C				
SUBJ	ECT: Vill	a Sonrisa Five C	ondominium Name of Corporation	Association, Inc	
DOC	IMENT NUMI	BER:	N9600000	5541	
The er	closed Stateme	nt of Change of Registe	ered Office/Agent	and fee are submitted for filing.	
Please	return all corre	spondence concerning	this matter to the fo	ollowing:	
NORMAN SILVERSTEIN					
Name of Contact Person					
A&N MANAGEMENT, INC.					
Firm/Company					
902 CLINT MOORE ROAD, SUITE 110					
Address					
BOCA RATON, FL 33487					
City/State and Zip Code					
INFO@AANDNMGMT.COM					
E-mail address: (to be used for future annual report notification)					
For fu	rther informatio	n concerning this matte	er, please call:		
	NORM	AN SILVERSTEIN	at (561 982-8633	
	Name	of Contact Person	u (761 982-8633 rea Code & Daytime Telephone Number	
Enclos	ed is a \$35.00 c	check made payable to	the Department of	State.	
		Mailing Address: Amendment Section Division of Corporal P.O. Box 6327 Tallahassee, FL 32	ations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

TO:

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

rursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement 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.
. The name of the corporation: Villa Sonrisa Five Condominium Association, Inc . The principal office address: 902 CLINT MOORE ROAD, SUITE 110, BOCA RATON, FL 33487
. The mailing address (if different): SAME
. Date of incorporation/qualification: 10/29/1996 Document number: N96000005541
. 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)
FORMAN, KENNETH
6352 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463
LAKE WORTH, FL 33463
6352 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463 The name and street address of the new registered agent (if changed) and /or registered office (if changed): DICKER, KRIVOK & STOLOFF
DICKER, KRIVOK & STOLOFF
1818 AUSTRALIAN AVENUE SOUTH, #400
P.O. Box NOT acceptable
WEST PALM BEACH, FL 33409
he street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
RUSSELL REISMAN Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been potified if writing of this change.
WWW. Signature of Registered Agent RUSSELL REISMAN Date
signing on behalf of an entity:
RUSSELL REISMAN 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 CR2E045 (8/05)