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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	AMEND	MENTS		
Profit	Amendment	Amendment		
NonProfit	Resignation	Resignation of R.A., Officer/ Director		
Limited Liability	Change of R	Change of Registered Agent		
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OTHER FILINGS		TRATION/		
Annual Report	QUALI	FICATION		_
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Trademark

Other

CR2E031(1/95)

Examiner's Initials

V. SHEPARD AUG 261999

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, the
undersigned corporation organized under the laws of the State of FLOP A
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: PARKWOOD AT KENSINGTON
HOMEOWNERS ASSOCIATION, INC.
2. The mailing address of the corporation is:
3. Date of incorporation/qualification: March 3, 1998 Document number: N98000001
4. The name and address of the current registered agent and office:
ARTHUR R. ROSENBERG
1/02 - 01 -
48/5 /1. Pederal Aug
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Allen H. KATZ
00 0
2800 E. Commercial Blub Ste 208 3
St. LAuderdale, St 33308
The street address of its registered office and the street address of the business office of its registered gent, as changed, will be identical.
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.
2-17-99
(Signature of an officer, chairman or vice chairman of the board) (Date)
SAM COMITO
(Printed or typed name and title)
aving been named as registered agent and to accept service of process for the above stated or poration, I 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 of my duties, and I am familiar with and accept the obligation of my position as
allen H. Kat 8-11-95
(Signature of Registered Agent) (Date) (Date)
All All A
(Typed or Printed Name) (Typed or Printed Name) (Capacity)
(-space)

CR2E045(7/97)

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