770573

(Requestor's Name)
(Address)
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

M Johnson

' COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Barclay At Hometon West Condominion association)
DOCUMENT NUMBER: 770573
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:
The Barday at Hamptons West (Name of Contact Person)
40 Proenix Management Services
4800 N. State Rd. 7 Suite 105
Louderdale Lakes 20 33319 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
(Allea Code de Daytime l'elephone 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

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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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Barclay at Hamptons West Condominium association Inc
2. The principal office address: 8010 Hamstone Blod
North Lauderdele, Florida 33068
3. The mailing address (if different): 4800 N. State Road #7, Suite F- 105
Sanderdele Laker, It 33319.
4. Date of incorporation/qualification: 10/05/1983 Document number: 770573
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Phrenix Management Services
4800 N. State Road #7, Duke F-105
Landerdale Lake, H. 33319.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert Kayl & Associates, P. A. 6261 North West Law Way, Swite 103 (P.O. Box NOT acceptable)
Fort Lauderdale 7. 33309
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) Town Dezervi (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)
If signing on behalf of an entity: Robert Kayle (Typed or Prinked Name)

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