

750340

The Law Offices of
Christopher M. Trapani, P.A.
6565 Taft Street, Suite 106
Hollywood, Florida 33024-4000

(City/State/Zip/Phone #)

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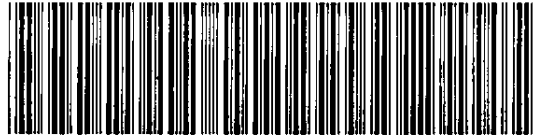
(Business Entity Name)

(Document Number)

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@ 12/11/09

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: SABAL PALM CONDOMINIUMS OF PINE ISLAND RIDGE ASSOCIATION, INC.
2. The principal office address: 1901 PINE RIDGE DRIVE
DAVIE, FL 33324
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/21/1979 Document number: 750340

5. 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)

BROUGH, CHADROW & LEVINE, P.A.

GLOBAL COMMERCE CENTER

1900 N. COMMERCE PKWY, WESTON FL 33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHRISTOPHER M. TRAPANI, P.A.

6565 TAFT STREET, SUITE 106

P.O. Box NOT acceptable

HOLLYWOOD, FL 33024

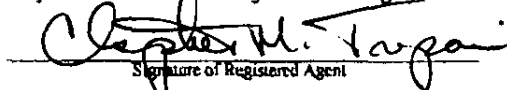
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

MARNI SILVERGOLD, PRESIDENT
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

12/3/09
Date

If signing on behalf of an entity:

CHRISTOPHER M. TRAPANI
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

CR2F045 (8/05)

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