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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	SUBJECT: Leisureville Fairway Nine Association, Inc.					
	Namo	e of Corporation				
DOCUMENT NU	JMBER:	715008				
The enclosed State	ement of Change of Registered	Office/Agent and fee are subr	nitted for filing.			
Please return all co	orrespondence concerning this r	natter to the following:				
	Matthe	ew Zifrony, Esq.				
	Name o	of Contact Person	 			
	Trip	p Scott, P.A.				
	Firm/Company					
	110 SE 6t	h Street,15th Floor				
		Address				
Fort Lauderdale, Florida 33301 City/State and Zip Code						
	City/St	ate and Zip Code				
kak@trippscott.com E-mail address: (to be used for future annual report notification)						
For further information	ation concerning this matter, plo	ease call:				
	Karen Bader	at (<u>954</u>) Area Code & Day	627-3717			
Nai	me of Contact Person	Area Code & Day	time Telephone Number			
Enclosed is a \$35.0	00 check made payable to the D	epartment of State.				
	Mailing Address: Amendment Section Division of Corporatior P.O. Box 6327 Tallahassee, FL 32314	Clifton Build	Section Corporations ing ve Center Circle			

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

statement of cha	ange is submitted for a cor	poration organiz	, 607.1508, or 617.1508, Flor zed under the laws of the State red agent, or both, in the State	of Florida	
1. The name of	the corporation: Leisur	eville Fairwa	ay Nine Association,	Inc.	·
2. The principal	l office address: 251 Sou	uth Golf Boule	evard		
Pompano	Beach, Florida 3306	4			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	7/25/68	Document number:	715008	
	d street address of the curr rtment of State: (If resigne		ent and registered office on fil	e with the	
	Becker & Poliakoff,	P.A.			
	2255 Glades Road,	Suite 300E			
	Boca Raton, Florida	a 33431			
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or registered	d office	Service of the servic
	Tripp Scott, P.A.				l' L'es
	110 SE 6th Street,				Ö
	Fowl and add Fi	P.O. Box NOT	acceptable		
	Fort Lauderdale, Flo		_		
The street address changed will	ess of its registered office l be identical.	and the street a	ddress of the business office	of its registered agent.	
Such change wauthorized by t	as authorized by resolution he board, or the corporati	on duly adopted on has been noti	by its board of directors or bified in writing of the change	y an officer so	
glora	re of an officer or director		GLORIA ROSA Printed or typed name	LAND - DIREC	Tok
0		stered agent and sions of all statu accept the oblig a change in the of this change.	agree to act in this capacity tes relative to the proper and cation of my position as regis registered office address, I h		
Sig	gnature of Registered agent		10/24//	<u>///</u>	
Hatth	chalf of an entity: LW ZIProry yped or Printed Name	<u>E50</u>			

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