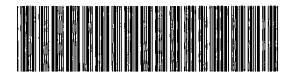
730217

(Requestor's Name)		
(Address)		
(Address)		
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

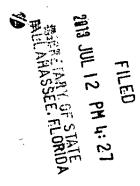
Office Use Only



800249465118



07/12/13--01003--003 **35.00



15/13

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Country Club Apartments at Bonaventure 32 Condominium Association, Inc.		
DOCUMENT NUMBER: 730217		
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:		
Brett Barnes Name of Contact Person		
Property Keepers Management		
159 SW 6th Street Address		
Pompano Beach Florida 33060 City/State and Zip Code		
Bretto property - Keepers. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: Brett Barnes at (954) 586-511 Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State		

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

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organization order to change its registered office or registered.	anized under the laws of the State of FLorida.
1. The name of the corporation: Country Clu Condominium Association of Inc 2. The principal office address: Property	·
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/08/19	14 Document number: 130217
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned).	
159 SW 64h Stre	Way 25 gent (if changed) and /or registered office of the company
Such exange was authorized by resolution duly adopt authorized by the board, or the corporation has been resolution to the corporation has been resolution. Signature of an officer or director	ed by its board of directors or by an officer so notified in writing of the change. Hence of typed name and title
I hereby accept the appointment as registered agent a lighter than a special states of the agent of the provisions of all states of the performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rehereby confirm that the corporation has been notified	and agree to act in this capacity. atutes relative to the proper and complete accept the obligation of my position as registered
asna Barn	7/3/13
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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