115010

(Re	questor's Name)				
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(Cit	y/State/Zip/Phone	e #)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

SUBJECT: Leisureville Fairway Seven Association, Inc.						
	Name of O	Corporation	-			
DOCUMENT NUMBER	CUMENT NUMBER: 715010					
The enclosed Statement of	Change of Registered Offic	ce/Agent and fee are submit	ted for filing.			
Please return all correspon	dence concerning this matte	er to the following:				
	Bev	Tosch				
Name of Contact Person						
	Doolean 9 D	Joliakoff D.A				
		oliakoff, P.A. Company				
		1 7				
	625 North Flagler Drive, 7th Floor					
	Ado	dress				
	West Palm Be	each, FL 33401 and Zip Code				
	City/State a	and Zip Code				
		r-poliakoff.com				
E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, please	call:				
Bev	/ Tosch	at (561) Area Code & Daytin	394-7600			
Name of C	ontact Person	Area Code & Daytii	me Telephone Number			
Enclosed is a \$35.00 check	k made payable to the Depar	rtment of State.				
N	Iailing Address:	Street Address:				
	Iailing Address: mendment Section	Street Address: Amendment Se				
	ivision of Corporations	Division of Co	-			
	O. Box 6327	Clifton Buildin	ig e Center Circle			

Tallahassee, FL 32301

4000

TO:

Amendment Section Division of Corporations

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

statement of cha	ange is submitted for a c	orporation organized	607.1508, or 617.1508, Flor d under the laws of the State	of Florida
	<u>.</u>		d agent, or both, in the State	
			y Seven Associatio	
2. The principal	office address: 401 S.	Golf Boulevard,	Pompano Beach, FL	33064
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: _	07/25/1968	Document number:	715010
	d street address of the curtment of State: (If resign on the Control of State) (If resign on the Contr		nt and registered office on file P.A. —Suite 300 33431	d office
6. The name and (if changed):		,	f changed) and /or registere	d office 12 PH 12: 09
	625 North Flagler	Drive, 7th Floor P.O Box NOT ac	ceptable	
	West Palm Beach	, FL 33401		
The street address changed will	ess of its registered offill be identical.	ce and the street add	dress of the business office	of its registered agent,
Such change w authorized by t	as authorized by resolu he board, or the corpora	tion duly adopted by	y its board of directors or b	oy an officer so
Sally W	Marshall are of an officer or director		Sally M. Mars	hall Treas.
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as rec	gistered agent and a visions of all statute nd accept the obliga ict a change in the r ng of this change.	agree to act in this capacity s relative to the proper action tion of my position as region egistered office address, I i Date	,
If signing on be	ehalf of an entity:		7	
	Poliakoff P.A	. Kebert	Rubinstein, E	F

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