

718091

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

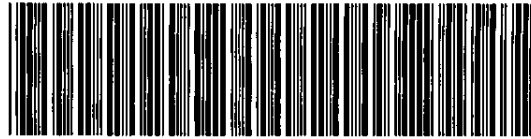
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
DEC 16 2013  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION, NO. 2, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 718091

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:

**Tamar Duffner Shendell, Esq.**

Name of Contact Person

**Shendell & Associates, P.A.**

Firm/Company

**5340 N. Federal Highway, Suite 201**

Address

**Lighthouse Point, FL 33064**

City/State and Zip Code

**Tamar@shendell-law.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Tamar Duffner Shendell**

Name of Contact Person

at ( **954** ) **781-3747**

Area Code & Daytime Telephone 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

**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: PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION, NO. 2, INC.
2. The principal office address: 555 SOUTH POMPANO PARKWAY, SUITE 4  
POMPANO BEACH, FL 33069
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/18/1970 Document number: 718091

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)

Shendell & Associates, P.A.

3650 N Federal Highway, Suite 202

Lighthouse Point, FL 33064

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

Shendell & Associates, P.A.

5340 N Federal Highway, Suite 201

P.O. Box NOT acceptable

Lighthouse Point, FL 33064

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

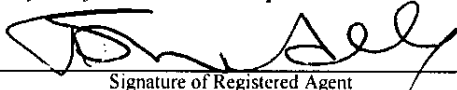
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

\_\_\_\_\_  
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

12/3/13

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Tamar Duffner Shendell

\_\_\_\_\_  
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

CR2E045 (03/12)