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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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SUBJECT: SERENA VISTA CONDOMINIUM ASSOCIATION INC

DOCUMENT NUMBER: 723207

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:

STEVE LIPPMAN

Name of Contact Person

FIRST CHOICE PROPERTY MANAGEMENT GROUP INC

4755 TECHNOLOGY WAY Sinte 202

BOCA RATON FL 33431
City/State and Zip Code

SLIPPMAN @ FCPMGINC, Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (S61) 910-7782

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

CR2E045 (8/05)

## 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: SERENA VISTA CONDOMINIUM ASSICIATION, INC 2. The principal office address: FIRST CHOICE MANAGEMENT GROUP INC The mailing address (if different); 1972 Document number: 191 4. Date of incorporation/qualification: OU5. 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): FIRST CHOICE PROPERTY MANAGEMENT BOCH RATION FL 33431 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 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 Agend If signing on behalf of an entity:

\* \* \* 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 (8/05)

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