## 725 147

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## **COVER LETTER**

Division of Corporations	
SUBJECT: COUNTRY MANORS ASSOCIATI	ON INC
(Name of Cor	poration)
DOCUMENT NUMBER: 725147	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Peter C. Mollengarden	
(Name of Conta	act Person)
Rosenbaum Mollengarden, PLLC	C
(Firm/Com	ipany)
250 Australian Avenue South, Su	ite 500
(Addres	ss)
West Palm Beach, FL 33401	
(City/State and	
For further information concerning this matter, please cal	1:
Peter C. Mollengarden (Name of Contact Person)	at (561) 653-2900 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	ent of State.
<b>16</b> 77	C
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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	
1. The name of the corporation: COUNTRY MANORS ASSOCIATION INC	
2. The principal office address: 4900 COUNTRY MANORS BLVD DELRAY BEACH FL 33445	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/29/1972 Document number: 725147	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Katzman Garfinkel Rosenbaum	
250 S. Australian Ave., Suite 500	
WEST PALM BEACH FL 33401 US	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	<del>-</del>
ROSENBAUM MOLLENGARDEN, PLLC  250 Australian Avenue South, Suite 500	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(P.O. Box N/)T acceptable) West Pairn Beach, FL 33401	
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)  Konald Tocio Pizes ident  (Digital or formed or	
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 dynies fant I amifamifar with and a cept the obligation of my position as registered agent. Or, if this document is being filled projecty to reflect accompanies in the registered office address, I hereby confirm that the corporation had been notified in writing of this change.	\$ T
Official ture of Parlistered Agent (Date)  If signing on behalf of an entity:	
Peter C. Mollengarden, Rosenbaum Myllengarden, PLLC	
(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 (8/05)