725881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2024

PINE ISLAND RIDGE CONDO F
18001 OLD CUTLER RD. #476
PALMETTO BAY, FL 33157

SUBJECT: PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC.
Ref. Number: 725881

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We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 024A00000529

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JAN 29 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2024

TONY LESTER
T & G MANAGEMENT SERVICES
18001 OLD CUTLER ROAD, STE 476
PALMETTO BAY, FL 33157

SUBJECT: PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC.
Ref. Number: 725881

We have received your document for PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by an officer or director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 624A00002027

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TALLAHASSEE, FL

RECEIVED
FEB 12 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 725881

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:

TONY LESTER
Name of Contact Person

T & G MANAGEMENT SERVICES, INC.
Firm/Company

18001 OLD CUTLER ROAD, STE 476
Address

PALMETTO BAY, FL 33157
City/State and Zip Code

TONY@TGMS.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

TONY LESTER at (305) 255-0900
Name of Contact Person — 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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: PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC.
2. The principal office address: 9420 LIVE OAK PLACE, DAVIE, FL 33324
3. The mailing address (if different): 18001 OLD CUTLER RD, STE 476, PALMETTO BAY, FL 33157
4. Date of Incorporation/qualification: 3/22/1973 Document number: 725881
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)

BAKALAR & ASSOCIATES, PA

12472 WEST ATLANTIC BLVD.

CORAL SPRINGS, FL 33071

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

BAKALAR & ASSOCIATES, PA

350 CAMINO GARDENS BLVD, SUITE 104

P.O. Box NOT acceptable.

BOCA RATON, FL 33432

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TALLAHASSEE, FL

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.

Ali C. Karan
Signature of an officer or director

Ali C. Karan & President
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.

Susan P. Bakalar
Signature of Registered Agent

November 14, 2023
Date

If signing on behalf of an entity:

Bakalar & Associates, PA
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 (04/13)

Signature: _____
AI [illegible], 2024 12 37 EST)

Email: boardmember.lawmanagement@gmail.com

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TALLAHASSEE, FL