## 728819

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

R.A. Charge

G. Goulliotte DEC 2 8 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: PLAYA DEL M (Name of Corporati	IAR (on)
DOCUMENT NUMBER: 59-1596334	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	-
DAN LECHT (Name of Contact Pe	_
PLAYA DEL (Firm/Company)	Mon
3900 GALT C	ICEAN Dr.
(Address)	
FORT LAUDENDALE	iFL 33308
(City/State and Zip C	ode)
For further information concerning this matter, please call:	
TZOBEAT BOFFD at (Name of Contact Person)	201, 797-8000 x223
(Name of Contact Person) (A	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

	atement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of th	e State of Florida	nis	_
1.	The name of t	he corporation: Playa Del Mar Associatio	n, Inc.			
		office address: 3900 Galt Ocean Drive	· · · · · · · · · · · · · · · · · · ·			
		Ft. Lauderdale, Florida	33308			
3.	The mailing a	ddress (if different): Same	· ·			
4.	Date of Incorp	poration/qualification: 02/13/1974	Document number	r: 728819		
5.		street address of the ourrent registered agoment of State:	ent and registered offic	e on file with the		
		Becker & Poliakoff, P.A.				
		121 Alhambar Plaza, 10th Floor				
		Coral Gables, Florida 33134	· · · · · · · · · · · · · · · · · · ·	SEC	07/	
	The name and (if changed):	I street address of the new registered agent		AHASSEE, P	DEC 24 AM	FILED
	, ,	621 NW 53rd Street, Suite 300		STA ATS	Ċ	
		(P.O. Box NOT acceptable)	•	<u> </u>	29	
		Boca Raton, Florida 33487				
	_	ess of its registered office and the street a be identical.				ent,
a	uch change wo uthorized by ti	as authorized by resolution duly adopted he board, or the corporation has been not	ified in writing of the	change.	30	
_	Kil	ure or an entire of director)	Robert Bi	OFFA Fr	~	_
I of de	Landhu cana	the appointment as registered agent and to comply with the provisions of all statu of I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this c ues relative to the pro guiton of my position registered office add	apacity per and complete po as registered agent ress, I hereby confir	rforme Or, if m that	ance this the
_	Hall:	(maturator Reinstered Agent)	12/2	(Date)		_
!! 	RANIM	shalf of an entity:	•			. ,
;	Service Control	* * * FILING FE	E: \$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)