

730865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coral Pines Condominium One, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 730865

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:

ROBERT KAYE  
(Name of Contact Person)

(Firm/Company)  
Robert Kaye & Associates, P.A.  
6261 NW 6th Way  
Suite 103  
(Address)  
Ft. Lauderdale, FL 33309  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT KAYE at 954, 928-0680  
(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  
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: Coral Pines Condominium One, Inc.
2. The principal office address: C/O Benchmark Property Management Inc.  
7932 Willes Road, Coral Springs, FL 33067
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/20/74 Document number: 730865
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Wanstein  
1999 University Drive #402  
Coral Springs, FL 33071

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

Robert Kaye & Associates  
6261 N.W. 6th Way  
(P.O. Box NOT acceptable)  
Ft. Lauderdale, FL 33309-6103

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.

*R. D. Bowman*  
(Signature of an officer or director)

R. D. Bowman  
(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.

*Robert Kaye President*  
(Signature of Registered Agent)

3-28-06  
(Date)

If signing on behalf of an entity:

Robert Kaye President  
(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  
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