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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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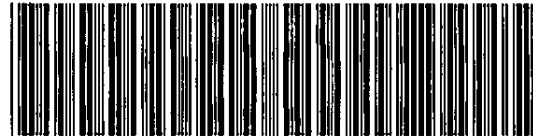
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change

03/21/14

DC



5297 West Copans Road
Margate, Florida 33063
T | 954.486.7774 • F | 954.486.7782



Attorneys at Law

MARYANN CHANDLER, ESQ.
Mchandler@KGBlawfirm.com

March 14, 2014

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Islewood "D" Condominium Association, Inc.*
Change of Registered Agent
File No.: 09432-001

Dear Sir / Madam:

Enclosed please find the *Statement of Change of Registered Office or Registered Agent or Both for Corporations* which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL & BERGER

Maryann Chandler, Esquire
Partner

MAC:kmc

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: ISLEWOOD "D" CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 4016 ISLEWOOD D
DEERFIELD BEACH, FL 33442

3. The mailing address (if different): 2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409

4. Date of incorporation/qualification: 08/26/1976 Document number: 736687

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)

PATRICK MURPHY
272 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

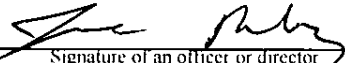
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KATZMAN GARFINKEL
5297 WEST COPANS ROAD
P.O. Box NOT acceptable
MARGATE, FLORIDA 33063

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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

Joseph Robert Treasurer
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.


Signature of Registered Agent

3/12/14
Date

If signing on behalf of an entity:
Leigh C. Katzman, Esq.
Typed or Printed Name

*** FILING FEE: \$35.00 ***