## 741385

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (0): (0): (7): (8): (8): (4)            |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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5297 West Copans Road Margate, Florida 33063 T | 954.486.7774 F | 954.486.7782

Attorneys at Law



DONNA DIMAGGIO BERGER, ESQ. dberger@KGBlawfirm.com

April 24, 2012

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

> Re: Wedgewood Condominium Association, Inc. Change of Registered Agent

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

Donna DiMaggio Berger, Esquire

Founding Partner

DDB:dts Enclosures

cc: Cindy Peraza, Castle Management, Inc.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of char  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{F_{I}}{F_{I}}$ to change its registered office or registered agent, or both, in the State of Fla  | LORIDA        |  |
|--|---|---------------|--|
| 1. The name of the corporation: Wedgewood Condominium Association, Inc.  |   |               |  |
|  | office address: 6370 Pinehurst Circle West  | <u> </u>      |  |
| Tamarac, F   |   |               |  |
| -  | ddress (if different): c/o Castle Group P.O. Box 559009   | V-            |  |
| _  | derdale, FL 33355   | Age           |  |
|  | oration/qualification: 01/19/1978 Document number:  | 741385        |  |
| 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) |   |               |  |
|  | Martin, Robert C Esq.   |               |  |
|  | 319 South 14th Street   | 9: 17<br>RIDA |  |
|  | Fort Lauderdale, FL 33316   |               |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |   |               |  |
|  | KATZMAN GARFINKEL & BERGER  |               |  |
|  | 5297 WEST COPANS ROAD   |               |  |
|  | P.O. Box NOT acceptable   |               |  |
| •  | MARGATE, FLORIDA 33063  |               |  |
| 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<br>authorized by the   | s authorized by resolution duly adopted by its board of directors or by an o<br>e board, or the corporation has been notified in writing of the change.   | fficer so     |  |
| Lay Lof  | of an officer or director  The state of the | Pres          |  |
| • •  | the appointment as registered agent and agree to act in this capacity. In comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply I am familiar with and accept the obligation of my position as registered agently to reflect a change in the registered office address. I hereby been notified in writing of this change.  |               |  |
| Sibra  | ature of Registered Agent   | 12            |  |
| If signing on beh  |   |               |  |

it signing on benait of an entity:

## DONNA DIMAGGIO BERGER, ESQ.

Typed or Printed Name

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