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COVER LETTER

Division of Corporations SUBJECT: BANJAN TREE VILLAGE CONDOMINIUM ASSOCIATION, INC. 742830 DOCUMENT NUMBER: 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: MICHAEL E. CHAPNICK, ESQ. Chaprick Community ASSOCIATION LAW, P.A.
Firm/Company 100 E. LNTON BLUD, SUITE 502.B DELRAY BEACH, 71 33483 MCh APNICK O CCALPA. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael E. CHapwick Esq at (56) 330-3096

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

TO:

Amendment Section

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

1 The name o	of the corporation: BAN	JUAN TREE	Village	= Corrorm	NIUM	Assa	TATION
	al office address: 55			,			
		RAY BEACE					
3. The mailing	g address (if different):	•					
4. Date of inco	orporation/qualification:	05/09/1978	Docume	nt number:	42830		
	nd street address of the cr artment of State: (If resig			ered office on fi	le with the		
	DAVI	> Puch					
	c/o m	J GAllus	acc	TG_			
	817 G	J GAllup BEACH,	h BLUD	183		3 3	
						DEC 22	
if changed):	d street address of the ne	w registered agent ((if changed)	and /or registere	d office ASS	*	Charles Sections
	Michael E.	CHAPNICK	C. 850		<u> </u>		
•	100 East Lin	TON BLU P.O. BOX NOT as	3. Su.	ITE 502	<u>-13</u>	5 1.5 S	
	DELRAY BENC	6 FL .	53483				
	ess of its registered office be identical.				•	ered age	nt,
uch change wa athorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board o	of directors or b g of the change	y an officer	so	
Signatu	re of any pricer or director		Scott	Cymbunu rinted or typed name	Pres. d	est 5	OD
my auties, and cument is bei	the appointment as reg o comply with the provi d I am familiar with an ng filed merely to reflec begy notified in writing	d accept the obligated a change in the re	gree to act is relative to tion of my p egistered of	in this capacity the proper and osition as regis fice address, I h	complete pe tered agent. tereby confir	erformat Or, if t m that t	ice his he
11/1			_	113/10			

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