

745742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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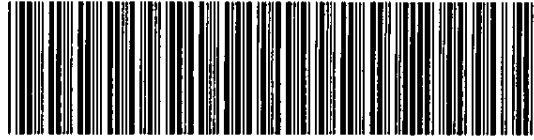
(Business Entity Name)

(Document Number)

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1200 PARK CENTRAL BLVD, SOUTH  
POMPANO BEACH, FL 33064  
TEL. 954.928.0680  
FAX 954.772.0319

**PALM BEACH County:**  
9121 N. MILITARY TRAIL, SUITE 200  
PALM BEACH GARDENS, FL 33410  
TEL. 561.241.4462  
FAX 561.223.3957

**REPLY TO**  
Palm Beach Gardens Office  
[JRembaum@KBRLegal.Com](mailto:JRembaum@KBRLegal.Com)

August 24, 2015

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

**RE: Village Condominium Association at Palm Beach, Inc.**

Dear Sir/Madam:

Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding Village Condominium Association at Palm Beach, Inc. (Document No.: 745742). Also enclosed is the Association's check in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards,

KAYE BENDER REMBAUM, PLLC

A handwritten signature in black ink, appearing to read 'Jeffrey A. Rembaum', is written over the typed name and title.

Jeffrey A. Rembaum, Esq.  
For the Firm

JAR/tr  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Village Condominium Association at Palm Beach, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 745742

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:

**Sherman Langer, President**

Name of Contact Person

Village Condominium Association at Palm Beach, Inc.

Firm/Company

**140 Lake Meryl Drive, Apt 138**

Address

**West Palm Beach, Florida 33411**

City/State and Zip Code

**Sherman.langer@me.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sherman Langer**

Name of Contact Person

at ( **561** ) **531-0300**

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: Village Condominium Association at Palm Beach, Inc.
- 2. The principal office address: 1500 Golden Lakes Boulevard  
West Palm Beach, Florida 33411
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/29/1979 Document number: 745742

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)

Becker & Poliakoff, P.A.  
625 N. Flagler Drive, FL 7  
West Palm Beach, FL 33401

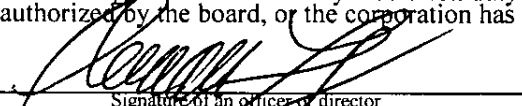
TALLAHASSEE, FLORIDA  
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kaye Bender Rembaum, PL  
1200 Park Central Blvd., South  
P.O. Box NOT acceptable  
Pompano Beach, FL 33064

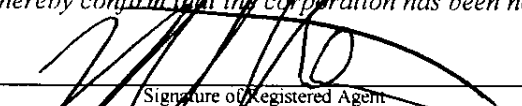
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Sherman Langer, President  
\_\_\_\_\_  
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

8/20/15  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jeffrey A. Rembaum, Esq.  
\_\_\_\_\_  
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