

750686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

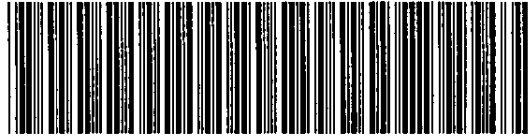
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Circle Property Owners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 750686

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:

Sharon Kasen

Name of Contact Person

Benchmark Property Management, Inc.

Firm/Company

7932 Wiles Road

Address

Coral Springs, Florida 33067

City/State and Zip Code

sharon@benchmarkpm.com

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

For further information concerning this matter, please call:

Sharon Kasen

Name of Contact Person

at ( 954 ) 344-5353

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: The Circle Property Owners' Association, Inc.
2. The principal office address: c/o Benchmark Property Management, Inc. 7932 Wiles Road  
Coral Springs, Florida, 33067
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/21/1980 Document number: 750686
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)

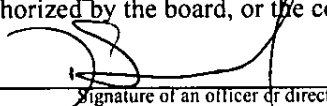
ORTEGA, CARIDAD A  
3934 SW 8TH STREET, SUITE 303  
CORAL GABLES, FLORIDA 33134

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

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

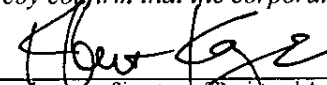
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Tony Sorel Vice 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

12/3/12  
Date

If signing on behalf of an entity:

Robert Kaye  
Typed or Printed Name

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

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12 DEC -5 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA