751491

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SECRETARY OF STATE
ORIGINAL

R.A. Change

1-11-18

MARTIN & BENNIS, P.A.

ROBERT C. MARTIN RANDY M. BENNIS

319 SOUTHEAST 14TH STREET FORT LAUDERDALE, FLORIDA 33316-1929

FAX (954) 522-8610 TELEPHONE (954) 524-5331

January 4, 2008

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

Re:

Colony Point 6 Condominium Association,

Inc./Change of Registered Agent

Dear Sir or Madam:

Enclosed please find the following:

Original Statement of Change of Registered Office or Registered Agent or Both for Corporation; and

Our check number 39406 in the sum of \$35.00 made payable to Florida Department of State.

Please file this document and provide us with a file stamped copy of same.

Should you have any questions, please feel free to contact me.

Very truly yours,

MARTIN & BENNIS, P.A.

Robert C. Martin

RCM:skk enclosures

cc: Micheline Courville, Property Manager

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

statement of cha	nge is submitted for	r a corporation organ	2, 607.1508, or 617.1508, s sized under the laws of the S ered agent, or both, in the S	State of Florida	
	he corporation:	•	6 Condominium Ass		
2. The principal	•	11500 Colony	11500 Colony Point Drive		
			es, FL 33026		
3. The mailing ac	ddress (if different)	(
4. Date of incorp	oration/qualification	on: <u>3/11/80</u>	Document number:	751491	
	street address of the timent of State:	ne current registered a	gent and registered office o	on file with the	
	Arlene :	Sargent			
	Arlene Sargent 901 Colony Point Drive, #312				
	Pembrok	e Pines, FL 33	026	SEE: YOF	
6. The name and (if changed):	street address of th	e new registered ager	nt (if changed) and /or regis	tered office ROP	
	Rober	t C. Martin, Es	q	, ·	
	Martin & Bennis, P.A.				
	313 2	.E. 14th Street (P.O. Box NOT acceptable)			
	Ft. L	auderdale, FL	33316		
The street address changed will	ss of its registered be identical.	office and the street	address of the business of	fice of its registered agent,	
Such change wa authorized by th	s authorized by res e board, or the cor	solution duly adopted poration has been no	l by its board of directors tified in writing of the cha	or by an officer so ange.	
ailen	Sargen	<i>±</i>	ARLENE SARGEN	r, President	
` •	re of an officer or director	•	(Printed or typed	,	
I hereby accept i I further agree to of my duties, and document is beir corporation has	the appointment as o comply with the d I am familiar wit ng filed merely to r been notified in w	registered agent an provisions of all statt h and accept the obli reflect a change in th riting of this change.	d agree to act in this capa utes relative to the proper igation of my position as r e registered office address	city and complete performance egistered agent. Or, if this s, I hereby confirm that the	
AU			1-4-08		
(Sign	nature of Registered Age	nt)	(Date		
If signing on bel	· .			•	
	bert C-MA /ped or Printed Name)	RTIN			

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