

753846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

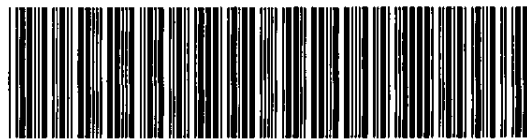
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 13 AM 9:13

Rd/chs
@ 4/16/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Pines at Woodmont III Condominium Assn, Inc.
Name of Corporation

DOCUMENT NUMBER: 753846

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:

Leigh Hoffman
Name of Contact Person

Alliance Property Systems
Firm/Company

P O BOX 19439
Address

PLANTATION, FL 33324
City/State and Zip Code

lhoffman@allprosys.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leigh Hoffman at (954) 473.4733 x 3
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

**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 Pines at Woodmont - III Condominium Association, Inc.
2. The principal office address: 1133 S University Dr, Suite 211
Plantation, FL 33324
3. The mailing address (if different): P O Box 19439
Plantation, FL 33318
4. Date of incorporation/qualification: 7/27/1988 Document number: 753846
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)

Katzman Garfinkel & Berger

1501 NW 49 St, Suite 202

Fort Lauderdale, FL 33309

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

Katzman Garfinkel & Berger

5297 W Copans Road

P.O. Box NOT acceptable

Margate, FL 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 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.

Neil S Karman
Signature of an officer or director

Neil S Karman, 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.

Leigh Katzman
Signature of Registered Agent

April 6, 2012
Date

If signing on behalf of an entity:

Leigh Katzman
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

CR2E045 (8/05)

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