

757785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

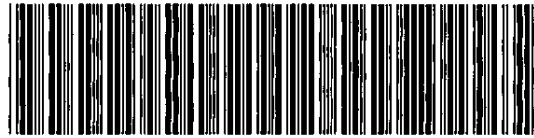
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 30 PM 4:54

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BUILDING 130 OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 10B CAI
(Name of Corporation)

DOCUMENT NUMBER: 757785

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:

ANGELA FIORE
(Name of Contact Person)

WEST BROWARD COMMUNITY MANAGEMENT, INC
(Firm/Company)

P. O. BOX 551390
(Address)

DAVIE FL 33355-1390
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA FIORE at (954) 472-3820
(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: BUILDING 130 OF COUNTRY CLUB APARTMENTS AT BONAVENTURE 10B
CAI
2. The principal office address: 11530 STATE ROAD 84
DAVIE FL 33325
3. The mailing address (if different): P.O. BOX 551390
DAVIE FL 33355-1390
4. Date of incorporation/qualification: _____ Document number: 757785
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TACKER, FRANK
4780 N STATE ROAD 7
LAUDERDALE LAKE FL 33319

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

ANGELA FIORE, WEST BROWARD COMMUNITY MANAGEMENT, INC
11530 STATE ROAD 84
(P.O. Box NOT acceptable)
DAVIE FL 33325

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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.

Kathleen Connolly, Pres
(Signature of an officer or director)

KATHLEEN CONNOLLY, 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.

Angela Fiore
(Signature of Registered Agent)

7/15/07
(Date)

If signing on behalf of an entity:

ANGELA FIORE
(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)