

758134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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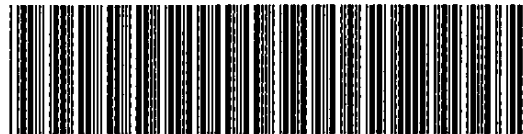
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts SEP 19 2006

LAW OFFICES  
**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

September 15, 2006

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Tamarac Gardens Property Owners Association, Inc./  
General/Change of Registered Agent

Dear Sir/Madam:

Enclosed please find the following:

1. Statement of Change of Registered Office/Agent; and
2. Our check number 36992 in the sum of \$35.00 made payable to 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: James Costa, President  
Grant Hall, Property Manager

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TAMARAC GARDENS PROPERTY OWNERS ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 758134

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:

ROBERT C. MARTIN, ESQ.

(Name of Contact Person)

Martin & Bennis, P.A.

(Firm/Company)

319 S.E. 14th Street

(Address)

Ft. Lauderdale, FL 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT C. MARTIN, ESQ.

(Name of Contact Person)

at ( 954 ) 524-5331

(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: TAMARAC GARDENS PROPERTY OWNERS ASSOCIATION, INC.  
2. The principal office address: 9835 N.W. 68th Place  
Tamarac, FL 33321

3. The mailing address (if different): c/o Castle Group  
P.O. Box 559009, Ft. Lauderdale, FL 33355-9009

4. Date of incorporation/qualification: 11/19/81 Document number: 758134

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

The Law Offices of Katzman & Korr, P.A.

1501 N.W. 49th Street, Suite 202

Ft. Lauderdale, FL 33309

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TALLAHASSEE, FLORIDA

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

Robert C. Martin, Esq.

319 S.E. 14th Street

(P.O. Box NOT acceptable)

Ft. Lauderdale, FL 33316

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.

James F Costa  
(Signature of an officer or director)

JAMES COSTA, 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]  
(Signature of Registered Agent)

9/15/06  
(Date)

If signing on behalf of an entity:

Robert C. MARTIN  
(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)