## FAIN & NRPE P.A

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July 28, 2000

FILED

00 JUL 31 AM 9:18

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COMPSON FINANCIAL CENTER 980 NORTH FEDERAL HIGHWAY SUITE 434 BOCA RATON, FL

REPLY TO WEST PALM BEACH

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

Division of Corporations Registered Agents Section P.O. Box 6327 Tallahassee, Florida 32314

> Re: The Hamlet Residents Association, Inc. /Registered Agent Change

To Whom It May Concern:

Enclosed is The Hamlet Residents Association, Inc.'s Statement of Change of Registered Office or Registered Agent, or Both, and the Association's check number 3187 in the amount of \$35.00 payable to: Division of Corporations.

Please accept these items for filing. When processed, please confirm the change of the registered agent.

Michael J. Gelfand For the Firm

MJG/jns Enclosures

cc: The Hamlet Residents Association, Inc.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Sections 607.1508 and 617.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation is:	The Hamlet Residents Association Inc.	

1a. Date of incorporation May 15, 1981.

Document number 758372

The name and address of the present registered agent and office:

Bernard Haftel 3541 Pine Lake Drive Delray Beach, FL 33445

3. The name and address of the successor registered agent and office: (P.O. BOX NOT ACCEPTABLE)

Michael J. Gelfand, Esquire GELFAND & ARPE, P.A. One Clearlake Centre, Suite 1010 250 South Australian Avenue West Palm Beach, Florida 33401-5014 00 JUL 31 AM 9: 18

The address of its registered agent and the 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.

SIGNATURE

(President or Vice President)

DAIE/\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 61/105/3 FLORIDA STATUTES.

SIGNATURE

(Registered Agent)

DATE VIOTOR

**FILING FEE: \$35.00** 

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314