740097

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COVER LETTER

TO:		ent Section of Corporations				
SUBJ	ест: <u>С</u>	oral Springs \	Villas Condon Name of Co	ninium Associ	ation Inc	
DOC	J MENT N L	JMBER:	7	60097		
The er	closed State	ement of Change of	Registered Office	Agent and fee are	submitted for filing.	
Please	return all co	orrespondence conc	erning this matter	to the following:		
			James Ca Name of Con	derazzo act Person		
		J	&L Property Ma Firm/Co			
		1	0191 W Sample Addre			
			Coral Springs City/State and	FL 33065 I Zip Code		
	-	E-mail address:	joyce@jlpropert (to be used for fu	ymgmt.com ture annual report	notification)	والمتعلق المتعلق المتاريخ المتاريخ
For fu	ther informa	ation concerning th	is matter, please ca	ıll:	y.***	
	Na	Joyce Maricic	on	at (954)	753-7966 Daytime Telephone N	Jumber
Enclos		00 check made pays			Daytimo reteptione i	· · · · · ·
		Mailing Add Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Division Clifton B 2661 Exe	ent Section of Corporations	;

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida inge is submitted for a corporation organized under the laws of the State of	Florida			
	r to change its registered office or registered agent, or both, in the State of I				
	the corporation: Coral Springs Villas Condominium Assoc	ration inc.			
	office address: c/o J&L Property Management Inc.				
	Sample Rd Suite 203, Coral Springs FL 33065				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 6/27/1990 Document number:	760097			
	street address of the current registered agent and registered office on file w tment of State: (If resigned, enter resigned)	ith the			
	Robert Kaye & Associates PA	_			
	6261 NW 6th Way Suite 103	_ _			
	Ft. Lauderdale, FL 33309	30 PG			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	James Calderazzo c/o J&L Property Management Inc.	PHIZ: 29			
	10191 W Sample Rd Suite 203	29 29			
	P O Box NOT acceptable	P			
	Coral Springs FL 33065	_			
The street addre	ss of its registered office and the street address of the business office of i be identical.	ts registered agent,			
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by are board, or the corporation has been notified in writing of the change.	officer so			
	- 1/2 Waloq				
-	e of an officer or director Printed or typed name and t				
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and co d I am familiar with and accept the obligation of my position as registere ng filed morely to reflect a change in the registered office address, I here been notified in writing of this change.	mplete performance ed agent. Or, if this by confirm that the			
(fame	hature of Registered Agenty 12/9/09 Date				
	half of an entity:				
Ty	rped or Printed Name				

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