761539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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761539 OL
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9-4-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APTH CONDOMINIUM ASSOCIATION, INC
(Name of corporation)

DOCUMENT NUMBER: 761539

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:

Sandy Wallace Treasurer
(Name of person)
APTH Condominium Association, Inc
(Name of firm/company)
% 3011 NE 183 Lane
(Address)
Aventura FL 33160
(City/state and zip code)

For further information concerning this matter, please call:

Sandy Wallace Treas. at (305) 935-9191
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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: APTH CONDOMINIUM ASSOCIATION, INC

2. The principal office address: C/O ASSOCIATION MANAGEMENT GROUP
500 WEST CYPRESS CREEK RD #230 FORT LAUDERDALE 33309

3. The mailing address (if different): _____

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4. Date of incorporation/qualification: 01/20/1982 Document number: 761537

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

PROPERTY MANAGEMENT SERVICES
8229 CORAL WAY
MIAMI FL 33155

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

MARSHALL KREMEN C/O ASSOCIATION MGT GROUP, INC
500 WEST CYPRESS CREEK ROAD, #230
(P.O. Box or personal mailbox NOT acceptable)
FORT LAUDERDALE FL 33309

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.

Sandy Wallace — Secretary-Treasurer
(Signature of an officer, chairman or vice chairman of the board) (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.

_____ 08/13/2003
(Signature of Registered Agent) (Date)

Marshall Kremen

If signing on behalf of an entity:

ASSOCIATION MANAGEMENT I — VICE PRESIDENT
(Typed or Printed Name) (Capacity)

COURTYARDS OF AVENTURA MANAGER

*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314