

761868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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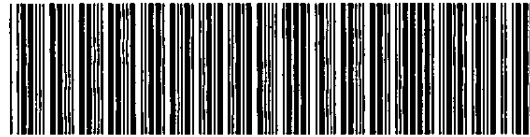
(Business Entity Name)

(Document Number)

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NOTARY SEAL  
MULLEN, RICHARD A.

RACON 9/13/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tamarac Gardens Condominium 2

Name of Corporation

**DOCUMENT NUMBER:** 761868

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:

Lisa Barnett

Name of Contact Person

Castle Group

Firm/Company

12270 SW 3rd Street, Suite 200

Address

Plantation, FL 33325

City/State and Zip Code

lbarnett@castlegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Barnett

Name of Contact Person

at ( 954 ) 792-6000 ext. 2852  
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 \_\_\_\_\_ 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 Condominium No. 2 Association Inc.  
2. The principal office address: 9835 68th Place Tamarac, FL 33321

3. The mailing address (if different): c/o Castle Group  
12270 SW 3rd St, Suite 200 Plantation, FL 33325

4. Date of incorporation/qualification: 4/1/1982 Document number: 761868

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Katzman, Garfinkel, & Berger

5297 W. Copans Road

Margate, FL 33063

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

Matthew Zifrony, Esq. c/o Tripp Scott

110 SE 6th Street, Suite 1500

P.O. Box NOT acceptable

Ft. Lauderdale, FL 33301

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.

Joan Cure

Signature of an officer or director

Joan Cure

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

8/21/13  
Date

If signing on behalf of an entity:

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 (03/12)

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SECRETARY OF STATE