765017

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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10/11/11--01013--013 **35.00



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COVER LETTER

TO:		ent Section of Corporations			
SUBJ	ECT:	Hamptons West	Condominiur Name of Corpo		Inc.
DOC	UMENT N	UMBER:	765	017	
The e	sclosed Stat	ement of Change of Re	gistered Office/Age	ent and fee are subm	nitted for filing.
Please	return all c	orrespondence concern	ing this matter to th	ne following:	
		Gan	/ Fayette, Prope Name of Contact	rty Manager Person	
Hamptons West Condominium Association, Inc. Firm/Company					
20281 E. Country Club Drive Address					
Aventura, Florida 33180 City/State and Zip Code gm@hamptonswest.org					
		E-mail address: (to	be used for future	e annual report not	ification)
For fu	rther inform	nation concerning this r	natter, please call:		
		Gary Fayette	at	(305)	932-3210 time Telephone Number
	Na	ame of Contact Person		Area Code & Day	time Telephone Number
Enclo	sed is a \$35	.00 check made payabl	e to the Department	of State.	
		Mailing Addres Amendment Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ive Center Circle

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta age is submitted for a corporation organized under the laws of the State of to change its registered office or registered agent, or both, in the State of Flo	Florida	
1. The name of th	ne corporation: Hamptons West Condominium Association	n, Inc.	
2. The principal of	office address: 20281 E. Country Club Drive, Aventura, Florida	33180	
3. The mailing ad	Idress (if different):	·	
4. Date of incorpo	oration/qualification: 09/15/1982 Document number:	765017	
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the	
_	Sanford N. Reinhard, Esquire		
	1290 Weston Road, Suite 201		
- -	Weston, Florida 33326		#1 #9
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	e	<u> </u>
_	Eisinger, Brown, Lewis, Frankel & Chaiet, PA	सी हुन अ	<u> </u>
	Attn: Dennis J. Eisinger, Esquire		™
-	P.O. Box NOT acceptable		جييت
-	4000 Hollywood Blvd., Ste. 265-S, Hollywood, FL 33021		
The street address as changed will be	ss of its registered office and the street address of the business office of its be identical.	registered agent,	,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an o	officer so	
Signature	Joy May Presi, Printed or typed name and title	dent	
of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity of comply with the provisions of all statutes relative to the proper and compile I am familiar with and accept the obligation of my position as registered ag filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performanc agent. Or, if thi confirm that the	e s ;
We-	09/30/2011		
	at fre of Registered Agent Date		
If signing on beh	nalf of an entity:		
Dennis .	I Fisinger President		

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

Typed or Printed Name