

768363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

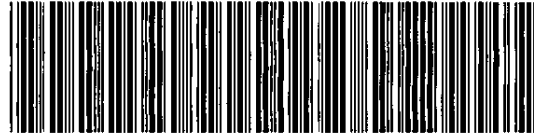
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POND APPLE PLACE IV CONDOMINIUM ASSN. INC
Name of Corporation

DOCUMENT NUMBER: 768363

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:

Wendy Philips
Name of Contact Person

Continental Group
Firm/Company

2950 North 28th Terrace
Address

Hollywood FL 33020
City/State and Zip Code

wphilips@thecontinentalgroupinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Philips at (954) 599 0768
Name of Contact 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
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 Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pond Apple Place IV Condominium Association, Inc.
2. The principal office address: 2950 N 28th Terrace
Hollywood, FL 33020
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5-10-83 Document number: 768363

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)

Brough, Chadrow + Levine, R. A.
1900 N. Commerce Parkway
Weston, FL 33326

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

Guy M. Shir, Esq.
Kahan Shir PL
P.O. Box NOT acceptable
1800 NW Corporate Boulevard, Suite 200, Boca Raton, FL 33431

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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.


Signature of an officer or director

Myron H. Koenig
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 of Registered Agent

5/19/09
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 (8/05)