768892

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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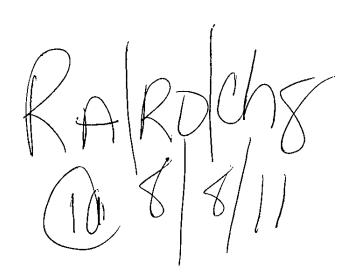


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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

SUBJECT: Springdale Lake "D" Condominium Association, Inc. Name of Corporation					
DOCUMENT NUMBER: 76889	2				
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:					
•	-				
Sharon Kasen					
Sharon Kasen Name of Contact Person					
Benchmark Property Management, Inc.					
Firm/Company					
7000 Wits - David					
7932 Wiles Road Address					
11001055					
Corol Saringo Elevido	22067				
Coral Springs, Florida 33067 City/State and Zip Code					
•					
sharon@benchmarkpr					
E-mail address: (to be used for future annual report notification)					
•					
For further information concerning this matter, please call:					
Sharon Kasen at (954) 344-5353				
Name of Contact Person A	954 344-5353 rea Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of	State.				
Mailing Address: Amendment Section	Street Address:				
	Amendment Section				
Division of Corporations	Division of Corporations				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

statement of cha	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	_{e of} <u>Florida</u>
1. The name of	the corporation: Spring	dale Lake "I	D" Condominium As	sociation, Inc.
2. The principal	office address: c/o Ber	ichmark Prope	erty Mangement, Inc., 79	932 Wiles Road
Coral Spri	ings, Florida 33067			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	3/27/89	Document number:	768892
	d street address of the cur rtment of State: (If resign		ent and registered office on fil	e with the
	Kaye & Bender, P.	L.		
	1200 Park Central	Blvd. South	,	
	Pompano Beach, F	lorida 33064		
6. The name and (if changed):			(if changed) and /or registered	d office d property of the coap
	Jennings & Valanc	y, P.A		— P
	311 S.E. 13 Street			
		P.O. Box NOT a	ecceptable	36
	Ft. Lauderdale, Flo	rida 33316		
The street address changed will	ess of its registered offic be identical.	e and the street ac	ddress of the business office	of its registered agent,
Such change was authorized by the	as authorized by resoluti he board, or the corporat	on duly adopted l ion has been noti	by its board of directors or be fied in writing of the change	y an officer so
Signatu	A Demy	The O	Printed or typed name.	2mph, [
` `	<i>U</i>	stered agent and sions of all statut daccept the oblig t a change in the of this change.	agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, I h	complete performance stered agent. Or, if this iereby confirm that the
			07-31-	<u> </u>
Sig	nature of Registered Agent		Date	
If signing on be	chalf of an entity:			
T	voed or Printed Name			

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