

770389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

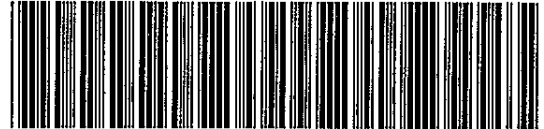
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

R.A. Chang
G. Coulllette JUL 19 2005

GELFAND & ARPE, P.A.
ATTORNEYS AT LAW

MICHAEL J. GELFAND*
MARY C. ARPE

ILISA L. CARLTON
SHANNOYA C. ROBINSON
JENNIFER K. THOMAS

TANIQUE G. LEE
OF COUNSEL

* BOARD CERTIFIED REAL ESTATE LAWYER

REGIONS FINANCIAL TOWER
1555 PALM BEACH LAKES BLVD.
SUITE 1220
WEST PALM BEACH, FL 33401

(561) 655-6224
FACSIMILE (561) 655-1361
www.gelfandarpe.com

BY APPOINTMENT:

COMPSON FINANCIAL CENTER
980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON, FL

REPLY TO WEST PALM BEACH

July 13, 2005

Division of Corporations
Registered Agents Section
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Pine Springs Homeowners' Association, Inc.
/Registered Agent Change**

To Whom It May Concern:

Enclosed are Pine Springs Homeowners' Association, Inc.'s Statement of Change of Registered Office or Registered Agent, or Both, and the Association's check number 1930 in the amount of \$35.00 payable to: Division of Corporations.

Please accept these items for filing. When processed, please confirm the change of the registered agent.

Very truly yours,



Shannoya C. Robinson
For the Firm

SCR/scr
Enclosures
cc: Pine Springs Homeowners' Association, Inc.

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**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 and 617.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Pine Springs Homeowners' Association, Inc.

1a. Date of incorporation was September 23, 1983

1b. Document number 770389

2. The name and address of the present registered agent and office:

Mary Geiser- Ferrandi
9083 Pine Springs Dr.
Boca Raton, FL 33428

3. The name and address of the successor registered agent and office:
(P.O. BOX NOT ACCEPTABLE)

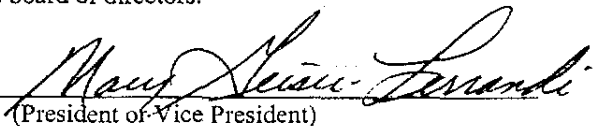
Michael J. Gelfand, Esquire
GELFAND & ARPE, P.A.
Regions Financial Tower, Suite 1220
1555 Palm Beach Lakes Boulevard
West Palm Beach, Florida 33401-2329

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The address of its registered agent and the 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.

SIGNATURE


(President or Vice President)

DATE

7/11/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 617.0503 FLORIDA STATUTES.

SIGNATURE


MICHAEL J. GELFAND

DATE

7/13/05

FILING FEE: \$35.00

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314