## N00000000357

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## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: Pinehurst Village HOA, Inc.				
<del></del>	Name of Co	prporation		
DOCUMENT NUMBER:_	N000	00000357		
The enclosed Statement of Cl	nange of Registered Office	/Agent and fee are submitted f	for filing.	
Please return all corresponder	nce concerning this matter	to the following:		
Cory Kravit Name of Contact Person				
	Name of Con	tact Person		
	Kravit La	D Λ		
Kravit Law, P.A. Firm/Company				
	Timboo	puii.y		
902 Clint Moore Road, Suite 136				
Address				
Boca Raton, FL 33487 City/State and Zip Code				
	City/State and	d Zip Code	<del></del>	
d	iana.fordering@nextge	enmanagement.com		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cory Kra	vit, Esq.	at ( 561 ) Area Code & Daytime T	893-0042	
Name of Cont	act Person	Area Code & Daytime T	elephone Number	
Enclosed is a \$35.00 check m	ade payable to the Departr	ment of State.		
Mail	ing Address:	Street Address:		
Ame	ing Address: endment Section	Amendment Section	n	
	sion of Corporations	Division of Corpor		
P.O.	Box 6327	Clifton Building		

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH Pyrsuant 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: Pinehurst Village Homeowners Association, Inc. 2. The principal office address: c/o NextGen Management 1495 NORTHPARK DRIVE WESTON FL 33326 3. The mailing address (if different): N00000000357 01/20/2000 4. Date of incorporation/qualification: Document number: 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) Bakalar & Associates, P.A. 150 S. Pine Island Road., Suite 540 Plantation, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office a (if changed): Kravit Law, P.A. 902 Clint Moore Road., Suite 136 P.O. Box NOT acceptable Boca Raton, FL 33487 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 capporation has been notified in writing of the change. 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. ignature of Registered Agent If signing on behalf of an entity:

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

Cory Kravit, President
Typed or Printed Name