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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hillsboro Imperial Condominium Assn. Inc.  
Name of Corporation

**DOCUMENT NUMBER:** NO2000008777

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:

Tamar Sheddell

Name of Contact Person

Sheddell & Associates, P.A.

Firm/Company

3650 N. Federal Hwy. Suite 202

Address

Lighthouse Point, FL 33064

City/State and Zip Code

tamar@sheddell-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cary Ratliff, Property Mgr.

Name of Contact Person

at ( 954 ) 421-3058

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: Hillsboro Imperial Condominium Assoc. Inc.
2. The principal office address: 1199 Hillsboro Mile  
Hillsboro Beach, FL 33062
3. The mailing address (if different): Hillsboro Imperial Condominium c/o Ratliff  
Mgmt. Services P.O. Box 8730 Deerfield Beach, FL 33443
4. Date of incorporation/qualification: 11/2002 Document number: NO2000008777

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)

Gelfand & Arpe  
c/o Michael Gelfand  
1555 Palm Beach Lakes Blvd. Ste 1220  
West Palm Beach, FL 33401

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

Shendell & Associates, P.A.  
c/o Tamar D. Shendell  
3650 N. Federal Hwy. Suite 202  
P.O. Box NOT acceptable  
Lighthouse Point, FL 33064

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
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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.

*James H. Knauf*  
Signature of an officer or director

James H. KNAUF, Secretary.  
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.

*Tamar Shendell*  
Signature of Registered Agent president

9-9-09  
Date

If signing on behalf of an entity:

Tamar Shendell, President  
Typed or Printed Name

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