

N 0300000602608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

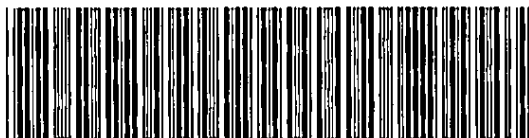
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SECRETARY OF STATE
TALLAHASSEE, FL

C GOLDEN

NOV 21 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Phoenician Cove Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N003000006268

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:

Jay Jenkins
Name of Contact Person

Atlantis Management Services
Firm/Company

11011 Sheridan Street Suite 208
Address

Cooper City, FL 33026
City/State and Zip Code

jay@atlantis-management.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Jenkins at (954) 450-9400
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2018

RECEIVED NOV 12 2018

JAY JENKINS
11011 SHERIDAN STREET
SUITE 208
COOPER CITY, FL 33026

SUBJECT: PHOENICIAN COVE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N03000006268

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 018A00022851

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2018 NOV 19 PM 1:18

SECRETARY OF STATE
TALLAHASSEE

**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: Phoenician Cove Homeowners Association, Inc.
2. The principal office address: 11011 Sheridan Street Suite 208 Cooper City, FL 33026
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/23/2003 Document number: N03000006268
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)

Steven S. Valancy

311 SE 13 Street

Fort Lauderdale, FL 33316

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

Brough, Chadrow & Levine, P.A.

2749 N Commerce Parkway

P.O. Box NOT acceptable

Weston, FL 33326

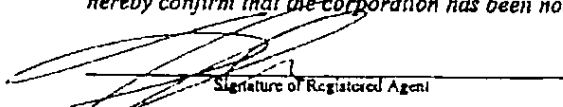
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical:

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

Kevin Markey PRES.
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

11.12.18
Date

If signing on behalf of an entity:

Scott J. Levine, Esq., for Brough, Chadrow & Levine, P.A.
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
CR2FD45 (03/12)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL