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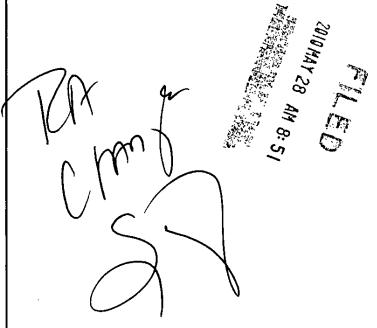
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MARTIN & BENNIS, P.A.

MOBERT C. MARTIN RANDY M. BENNIS 319 SOUTHEAST 14TH STREET FORT LAUDERDALE, FLORIDA 33316-1929

FAX (954) 522 8610 TELEPHONE (954) 524 5331

May 26, 2010

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Karanda Village III Condominium Association, Inc./

General/Change of Registered Agent

Dear Sir/Madam:

Enclosed please find the following:

- 1. Statement of Change of Registered Office/Agent; and
- 2. Our check number 43699 in the sum of \$35.00 made payable to Florida Department of State.

Please file this document and provide us with a file stamped copy of same.

Should you have any questions, please feel free to contact me.

Very truly yours,

MARTIN & BENNIS, P.A.

Robert C. Martin

RCM:skk enclosures

cc: Gerald Sykoff, President

Lana Kapsalis

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

 The name of 						
			III CONDOMINIU		, INC.	
• •			ental Managemen	t		
1323 L	yons Road, Coconu	t Creek, FL	33063			
3. The mailing	address (if different):					
1. Date of incom	rporation/qualification: _	6/28/84	Document number	:N03971		
	d street address of the cu artment of State: (If resign			e on file with the		
	SHIR, GUY					
	Kahane & Ass		road			
			vard			
	Boca Raton,				2010 HAY	
(if changed):		RTIN, ESQ. nis, P.A. h Street			4Y 28 AM 8:	
	Ft. Lauderda	P.O. Box NOT a le, FL 33316	cceptable		5	
	ress of its registered offi Il be identical.					
Such change vauthorized by	vas authorized by resolu the board, or the corpora	tion duly adopted bution has been notified	by its board of directoried in writing of the	rs or by an officer change.	so	
<u> Horal</u> Signal	ld Sykull		GERALD Printed or typ	SYKDF?	E-PRE	
I hereby accep I further agree of my duties, a document is be corporation he	of the appointment as reg to comply with the proving I am familiar with an eing filed merely to refle as been notified in writin	pistered agent and visions of all statut ad accept the oblig ct a change in the ag of this change.	agree to act in this co es relative to the prop ation of my position o registered office addr	ipacity per and complete p is registered agent ress, I hereby confi	erformance Or if this Irm that the	!
	MI		5/25/	D		
	ignature of Registered Agent			Date		
J						

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

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