

# N05000004493

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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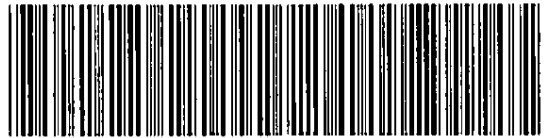
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PINEHURST CLUB CONDOMINIUM ASSOCIATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** N05000004493

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 Duffner Shendell

Name of Contact Person

Shendell & Associates, P.A.

Firm/Company

635 SE 10 Street, Suite 635A

Address

Deerfield Beach, FL 33441

City/State and Zip Code

Service@shendell-law.com

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

For further information concerning this matter, please call:

Tamar Duffner Shendell

Name of Contact Person

at ( 954 ) 781-3747

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

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**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: PINEHURST CLUB CONDOMINIUM ASSOCIATION, INC  
2. The principal office address: 400 SOUTH PARK ROAD HOLLYWOOD, FL 33021

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/02/2005 Document number: N05000004493

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)

Shendell & Associates, P.A.  
5340 N. Federal Highway, Suite 201  
Lighthouse Point, FL 33064

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

Shendell & Associates, P.A.  
635 SE 10 Street, Suite 635A  
P.O. Box NOT acceptable  
Deerfield Beach, FL 33441

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

\_\_\_\_\_  
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.*

 President  
Signature of Registered Agent

10-26-17  
Date

If signing on behalf of an entity:

Tamar Doffner Shendell, President  
Typed or Printed Name

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

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