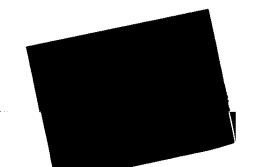
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| (Requestor's Name) (Address) (Address) | 300157387083 | |
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| (City/State/Zip/Phone #) | 06√22/0301041010 **35.00 | |
| (Business Entity Name) | TO THE | |
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Monica Velez

Tatiana B. Yaques

Stuart J. Zoberg

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Condominium V at Barletta Association, Inc. Change of Registered Agent

Dear Sir / Madam:

June 16, 2009

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL ROSENBAUM

Donna D. Berger, Esq. Managing Partner

DDB:dts Enclosures

cc: Diana Osborn, Vice Pres. Cheryl Crowder, CAM

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

| Pursuant to th | he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, |
|---|--|
| | 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. | CONDOMINIUM V AT DARI ETTA ACCOCIATION, INC. |
| | of the corporation: CONDOMINIUM V AT BARLETTA ASSOCIATION, INC. |
| 2. The principa | al office address: 11691 GATEWAY BLVD., 203, FT MYERS FL 33913 |
| 3. The mailing | g address (if different): SAME |
| 4. Date of inco | orporation/qualification: 09/21/2005 Document number: N05000009778 |
| | and street address of the current registered agent and registered office on file with the partment of State: |
| | S & S GOLF MANAGEMENT, INC. |
| | 11691 GATEWAY BLVD., 203 |
| | FT MYERS FL 33913 US |
| 6. The name a changed): | and street address of the new registered agent (if changed) and /or registered office (if KATZMAN GARFINKEL ROSENBAUM |
| | 1501 NORTHWEST 49TH STREET, SECOND FLOOR |
| | (P.O. Box or personal mailhox NOT acceptable) FORT LAUDERDALE, FLORIDA 33309 |
| The street add agent, as chan | dress of its registered office and the street address of the business office of its registered aged will be identical. |
| | was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. THEODORE LOAR - REASURER |
| I hereby accept further agree performance of registered age | pt the appointment as registered agent and agree to act in this capacity. the to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered so, I hereby confirm that the corporation has been notified in writing of this change. |
| | (Signature of Registered Agent) (Date) |
| If signing on beh DONNA D. BE | half of an entity: ERGER, ESQUIRE MANAGING PARTNER |
| | (Typed or Printed Name) (Capacity) |
| | * * * FILING FEE: \$35.00 * * * |
| | MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314