N05119

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100121411141

03/31/08--01013--002 **35.00

08 MAR 31 AM 11: 25
SECRETARY OF STATE
SECRETARY OF STATE

Pachange 4/4/08 De

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: THE PALM CLUB WEST VILLAGE I CONDOMINIUM ASSOCIATION, INK (Name of Corporation)
DOCU	JMENT NUMBER: NO5 / 19
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	MICHAEL E. CHAPNICK, ESO. (Name of Contact Person)
	CHAPNICK COMMUNITY ASSOCIATION LAW, P.A. (Firm/Company)
	100 EAST LINTON BOULEVARD - SUITE 403-B. (Address)
	DELRAY BEACH, FLORIDA 33483 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Mici	(Name of Contact Person) at (56/) 330-3096 (Area Code & Daytime Telephone Number)
Enclos	sed 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.
1. The name of the corporation: THE PALM CLUB WEST VILLAGE I CONDOMINIUM, ASSOCIATION, INC
2. The principal office address: 2328 S. CONCRESS AVENUE - SUITE 2A WEST PALM BEACH, FLORIDA 33406.
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>09-12-84</u> Document number: <u>N05/19</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
KENNGTH DIREKTOR
6. The name and street address of the new registered agent (if changed) and /or registered office HTML (if changed):
100 EAST LINTON BLVD., SUITE 402-B (P.O. Box NOT acceptable) DELRAY BEACH, FL .33483
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.
The Comment of an other or director) Norman D. Landermon, Prend D. (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 potified in writing of this change.
(Signature of Registered Agent) March 26 200 8 (Obate)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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