

N11792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 SEP -2 PM 3:12

FILED

\*00789, 00611, 00671

10/2/14

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAS PALMAS AT PEMBROKE PINES HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N11792

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:

**Michael Bakalar**

Name of Contact Person

**Bakalar & Associates, PA**

Firm/Company

**150 S. Pine Island Road, Ste 540**

Address

**Plantation, FL 33324**

City/State and Zip Code

**mlisa@wbmanage.com**

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

For further information concerning this matter, please call:

**Michael Bakalar**

Name of Contact Person

at ( **954** ) **635-2500**

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

August 20, 2014

Michael Bakalar  
Bakalar & Associates, P.A.  
150 S. Pine Island Rd., Ste 540  
Plantation, FL 33324

SUBJECT: LAS PALMAS AT PEMBROKE PINES HOMEOWNERS  
ASSOCIATION, INC.  
Ref. Number: N11792

We have received your document for LAS PALMAS AT PEMBROKE PINES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 614A00017879

RECEIVED  
14 SEP -2 PM 12:02  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: LAS PALMAS AT PEMBROKE PINES HOMEOWNERS ASSOCIATION, INC.  
2. The principal office address: 820 S. State Road 7, Plantation, FL 33317

3. The mailing address (if different): same

4. Date of incorporation/qualification: 10/24/1985 Document number: N11792

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)

RANDALL ROGER AND ASSOC., P.A.

621 NW 53RD STREET, SUITE 300

BOCA RATON, FL 33487

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

BAKALAR & ASSOCIATES, P. A.

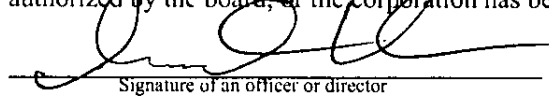
150 S. PINE ISLAND ROAD, SUITE 540

P.O. Box NOT acceptable

PLANTATION, FL 33324

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

MICHAEL KLEEGER (HAA)  
Printed or typed name and title PRES

*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

8/27/2014  
Date

If signing on behalf of an entity:

Bakalar & Associates, P. A.

Typed or Printed Name

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