N11891

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
·		



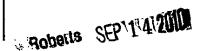


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SECRETARY STATE



COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJECT: Park Pointe Homeowners Association, Inc Name of Corporation				
DOCU	JMENT NUMBER:	N11	891	
The en	closed Statement of Change of R	egistered Office/Age	ent and fee are su	ibmitted for filing.
	return all correspondence concer	-		J
		-	_	
		Nancy Pip	er	
	· · · · · · · · · · · · · · · · · · ·	Name of Contact	Person	
			5.4	
		Stevens & Goldw Firm/Compa		,
		r mi/Compa	шу	
	2 9	: University Drive	Suito 315	
		6. University Drive Address	s, Suite 515	
		7100.000		
		Diantation El S	2224	
Plantation, Fl 33324 City/State and Zip Code				
	- 1 11 · · · ·	npiper123@aol	.com	
E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this	matter, please call:		
	Nancy Piper	at.	/ 954 \	<i>1</i> 58-0303
	Name of Contact Persor	aı	Area Code & I	458-9393 Daytime Telephone Number
Enclos	ed is a \$35.00 check made payab	le to the Department	of State.	
	Mailing Addre Amendment S Division of C P.O. Box 632 Tallahassee, F	orporations 7	Clifton Bu	nt Section of Corporations
	rananassee, r	L/ J2J14		ee. FL 32301

CR2E045 (8/05)

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

statement of char	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ingle is submitted for a corporation organized under the laws of the State of Florida registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Park Pointe Homeowners Association, Inc.
	office address: 4350 SW 59 Ave, Bldg A, Davie, FI 33314
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 11/04/1985 Document number: N11891
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Irvin W. Nachman
	4441 Stirling Road
	Ft. Lauderdale, Fl 33314
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Stevens & Goldwyn, P.A.
	2 South University Drive, Suite 315
	P.O. Box NOT acceptable Plantation, FI 33324
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
<u> Min</u> Signature	e of an officer or director Printed or typed parme and title
-	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sign	nature of Registered Agent Date
If signing on bel	half of an entity:
Tv	vped or Printed Name
, y	* * * PH INC PPF. \$25.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)