

N27777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date:*  
9/25/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** La Bonne Vie Condominium Assn. INC.  
Name of Corporation

**DOCUMENT NUMBER:** N27777

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:

Tina Wapner, L.C.A.M

Name of Contact Person

Property Management Associations LLC

Firm/Company

3800 Oaks Clubhouse Drive # 311

Address

Pompano Beach, Florida 33069

City/State and Zip Code

twapner@pmafl.com

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

For further information concerning this matter, please call:

Tina Wapner

Name of Contact Person

at ( 954 )

234-2820

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

**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: La BonneVie Condominium Assn. INC
2. The principal office address: %Property Management Association, LLC  
3800 Oaks Clubhouse Drive # 311 Pompano Beach FL 33069
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8-8-88 Document number: N27777
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, PA

3650 N. Federal Highway # 202

Lighthouse Point, FL 33064

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed): Robert C. Martin, Esq.  
Martin & Bennis, P.A.  
319 S.E. 14th Street  
P.O. Box NOT acceptable  
Fort Lauderdale, FL 33316

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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.

Jolene M. Greulich  
Signature of an officer or director

Jolene M Greulich VP/S  
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.*

[Signature]  
Signature of Registered Agent

9/15/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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