## N32257

, (Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special instructions to	Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## A LAW FIRM DEVOTED PRIMARILY TO THE REPRESENTATION OF COMMUNITY ASSOCIATIONS



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MARIAN RASHII

Director of Finance

Director of Pinance
[NDRANLS PARSAUD CPA

Director of Operations
CORBYN A. GRIECO

Director of Chern Services
MONICA VIII Z

Lion (dinivistrate) PAL HERMOSA March 10, 2009

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

Re: St. Tropez Homeowners' Association, Inc. Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly filled out by this office. Furthermore, enclosed please find a check made payable to the 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

Leigh C. Katzman Esq Founding Partner

LCK:hap Enclosures

cc: Property Manager

W \condo \hos\CLIENTS\St. Tropez Homeowiers' Association, Inc\INFO ASC\Letter to Division of Corporations Enclosing Change of Registered Agent Form 03-10-09 wind

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

	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.	
1. The name of	f the corporation: St. Tropez Homeowners' Association, Inc.
2. The princip	al office address: % Attwood - Phillips
385	Douglas Ave. Ste. 3000 Altamente Springs, FL 3274
3. The mailing	address (if different):
4. Date of inco	prporation/qualification: 05/11/1989 Document number: N32257
5. The name a	nd street address of the current registered agent and registered office on file with the artment of State:
	Gasperoni and Fletcher PA
	156 South Charles Richard Beell Boulevard, Suite 2
	Debary, Florida 32713
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if
•	1501 Northwest 49th Street, Suite 202
	(P.O. Box of personal matilbox NOT acceptable)
	Fort Lauderdale, Florida 33309
The street add	ress of its registered office and the street address of the business office of its registered ged will be identical.
Such change us authorized by	as 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.
Sepontiare of an office	et champing vice chairman of the board)  BLENARY  (Frinted or typed name and title)
l hereby accep l further agree performance o registered agri office address,	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and L am familiar with and accept the obligation of my position as N. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.
	03-10-09
	Squarture of Registered Agent) (Date) (One)
Signing on being	TO A TEMAN FOUNDING PARTNER
(	Typed or Printed Name) (Capacity)  * * * FILING FEE: \$35.00 * * *
- 1 62 4.	
******	Make Checks payable to Florida Department up State and Mail 10: Division of Corporations, F.O. Box 6327, Tallahassee, FL 32314

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