## N9300005752

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C.COULLIETTE
DEC 07 2010

**EXAMINER** 

TO: Amendment Section Division of Corporations			
SUBJECT: Woodbir	ne Master As	sociation, Inc.	<del></del>
	rame or cor	poration	
DOCUMENT NUMBER:	N930	00005752	
The enclosed Statement of Change of R	legistered Office/	Agent and fee are submitted	d for filing.
Please return all correspondence concer	_	_	-
·		-	
	Armando		
	Name of Cont	act Person	
Woo	dbine Master A	Association, Inc.	<del></del>
	I Hawcon	aparty	
	3000 Casa F	Rio Court	
<del></del>	Addre		
Pal Pal	m Beach Gard	ens, FL 33418	
	City/State and	Zip Code	
а	rmandopresti@	gmail.com	
E-mail address: (t	o be used for fut	ture annual report notification	ation)
For further information concerning this	matter, please ca	11:	
Ellen, Lohr C/O AKAM On-	-Site Inc	at ( 561 )	994-4870
Name of Contact Person		at ( 561 ) Area Code & Daytime	Telephone Number
Enclosed is a \$35.00 check made payab	ole to the Departm	nent of State.	
Mailing Addr	ess:	Street Address:	
Amendment S	Section	Amendment Sect	
Division of C		Division of Corp	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 10 DEC -6 PM 8: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 4, 2010

1

ARMANDO PRESTI WOODBINE MASTER ASSOCIATION, INC. 3000 CASA RIO CT PALM BEACH GARDENS, FL 33418

SUBJECT: WOODBINE MASTER ASSOCIATION, INC.

Ref. Number: N93000005752

We have received your document for WOODBINE MASTER ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 210A00025964

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Florida elevation organized under the laws of the State of Florida.
1. The name of	the corporation: Woodbine Master Association, Inc.
2. The principa	l office address: 3000 Casa Rio Court, Palm Beach Gardens, FL 33418
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 12/22/1993 Document number: N93000005752
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Dicker, Ed Esq.
	1818 Australian Avenue S. STE 400
	West Palm Beach, FL 33409 USA
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  Peter Mollengarden, Esq.
	Peter Mollengarden, Esq.
	250 S: Australian Avenue
	P.O Box NOT acceptable  West Palm Beach, FL 33401
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- Espenaixi	re of an officer or director.  AMANDO D. Presti
I hereby accept I further agree of my duties, an document in bet corporation ha	The appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance and I am I familiar with and accept the obligation of my position as registered agent. Or, if this inspited merely to reflect a change in the registered office address, I hereby confirm that the speen putfied in writing of this change.
// &	gnature of Registered/Agent Date
	ehalf of an entity:
	Mulengarden, EsQ. Typed or Prifled 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)