## N91000005123

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Aventura Lakes Homeowners'Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N96000005123

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:

Ronnie Bronstein, Esq.

Name of Contact Person

Mansfield Bronstein, PA

Firm/Company

3440 Hollywood Boulevard, #450

Address

Hollywood, Florida 33021

City/State and Zip Code

ronnie@mblawpa.com

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

For further information concerning this matter, please call:

Ronnie Bronstein, Esq.

,,954 \,\601**-**5600

Name of Contact Person

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



March 12, 2013

RONNIE BRONSTEIN, ESQ. MANSFIELD BRONSTEIN, PA 3440 HOLLYWOOD BOULEVARD #450 HOLLYWOOD, FL 33021

SUBJECT: AVENTURA LAKES HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N96000005123

We have received your document for AVENTURA LAKES 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 document must contain the name and capacity of the person signing on behalf of the new registered agent.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 113A00005765



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

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	<del></del>
1. The name of	fthe corporation: Aventura Lakes Homeowners' Association, Inc.	
	al office address: 3100 NE 210th Street, Aventura, Florida 33180	
3. The mailing	address (if different):	
4. Date of incom	prporation/qualification: 10/07/1996 Document number: N96000005123	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Mars, Gary Esq.	
	150 W. Flagier Street Museum Tower STE 2701	
	Miami, Florida 33130	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and for registered office:	13 E 3 2 7
	Mansfield Bronstein, PA	 
	3440 Hollywood Boulevard, Suite 450	至
	Hollywood, Florida 33021	ري چ
The street address changed will	ress of its registered office and the street address of the business office of its registered of If be identical.	gent,
Such change wa	vas 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.	
	Asam Pollock Printed or typed name and title	And the second s
I hereby accept I further agree performance of agent. Or, if th hereby confirm	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 I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change.	7
Sign	gnature of Registered Agent Date	_
If signing on be	ehalf of an entity:  C. Aranstein Parm-	
T	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)