N98000004427

(Red	questor's Name)					
(Add	dress)	· · · · · · · · · · · · · · · · · · ·				
(Add	dress)					
(City	//State/Zip/Phone	: #)				
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(Business Entity Name)						
(Document Number)						
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Or Slack

COVER LETTER

TO:	Amendment Section Division of Corporat	ions							
SUBJ	ECT: The Ro	yal Palm Homeow Name of G	ners' Asso	ciation, Inc.					
DOC	UMENT NUMBER:_	N98	300000442	7					
The er	nclosed Statement of C	hange of Registered Offic	ce/Agent and fe	ee are submitted	for filing.				
		nce concerning this matte							
	•	Ü		•					
	Michael Bakalar, Business Manager Name of Contact Person								
			ssociates, P	Α					
		Firm/C	ompany						
		150 South Pine Isla		uite 540					
		Ad	dress						
		Plantation	n, Fl 33327 and Zip Code		 .				
		City/State a	ina Zip Coac						
		hkeohane@miami	managemen	t.com					
	É-mail a	ddress: (to be used for	future annual	report notificat	ion)				
For fu	rther information conc	erning this matter, please	call:						
	Michael	Bakalar	nt (954	\ 475 _'	-4244, ext 107				
	Name of Con		Area C	ode & Daytime	-4244, ext 107 Telephone Number				
Enclos	sed is a \$35.00 check n	nade payable to the Depa	rtment of State						
	Ame Div P.O	ling Address: endment Section ision of Corporations . Box 6327 ahassee, FL 32314	An Div Cli 266	eet Address: nendment Section vision of Corporation Building of Executive Collabassee, FL 32	rations enter Circle				

CR2E045 (8/05)

TO:

SIAIEMENI	OF CHANGE OF R		FICE OR REGISTERE	
, 7		FOR CORPOR	ATIONS	RECEIVED
Pursuant to the pr	rovisions of sections 60	7.0502, 617.0502,	607.1508, or 617.1508, Flo	orida Statutes phis 0 1 2011
			ed under the laws of the Sta ed agent, or both, in the Stat	
	J			
			omeowners' Assoc	
2. The principal o	ffice address: 1145 S	awgrass Corpo	rate Parkway, Sunrise	e, FI 33323
3. The mailing ad	dress (if different): 11	45 Sawgrass C	orporate Parkway, Su	nrise, Fl 33323
4. Date of incorpo	oration/qualification:	7/31/1998	Document number:	N98000004427
· ·	-		nt and registered office on f	ile with the
	nent of State: (If resign			
_	Katzman Garfinkel	& Berger		
_	1501 NW 49th Stre	eet 2nd Floor		**************************************
-				- AL
_	Ft. Lauderdale, Fl	33309		
6. The name and s (if changed):	street address of the nev	w registered agent (if changed) and /or register	ed office
<u>_</u>	Bakalar & Associa	tes, PA		
	150 South Pine Isl	and Road. Suite	e 540	9: 5 RID
-		P.O. Box NOT ac		_ · · · · · · · · · · · · · · · · · · ·
<u>.</u>	Plantation, FI 3332	4		
The street addres as changed will b	s of its registered offic e identical.	ee and the street ad	dress of the business offic	e of its registered agent,
Such change was authorized by the	authorized by resolut board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or ned in writing of the chang	by an officer so
~	of an officer or director	<u></u>	DAVID LIPSD Printed or typed name	
I hereby accept the I further agree to of my duties, and document is being corporation has to the I had a second to the I had a seco	he appointment as reg comply with the prov I am familiar with an g filed merely to reflect been notified in writin	istered agent and a isions of all statute d accept the obliga et a change in the i g of this change.	agree to act in this capacit es relative to the proper ar ation of my position as reg registered office address, l	ly, id complete performance vistered agent. Or, if this hereby confirm that the
Signa	ture of Registered Agent		Date	
If signing on beh	alf of an entity:			
	ar & Associates, Pared or Printed Name	4		
	*	* * FILING FEE	: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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