

N9900000 4310

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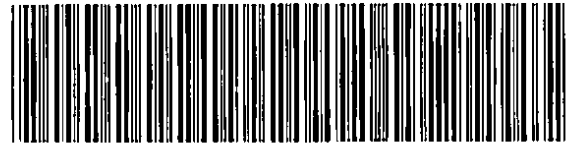
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CERTIFIED MEDIATOR

\* BOARD CERTIFIED SPECIALIST  
CONDOMINIUM AND PLANNING  
DEVELOPMENT

\* BOARD CERTIFIED SPECIALIST  
IN CONSTRUCTION

March 27, 2023

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Corsica Park Homeowners Association, Inc.**

Dear Sir/Madam

Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding Corsica Park Homeowners Association, Inc. (Document No.: N99000004310). Also enclosed is a check in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards,

KAYE BENDER REMBAUM, P.L.

Jeffrey A. Rembaum, Esq.  
For the Firm

JAR/tr  
Enclosures

**BROWARD County:**  
1200 PARK CENTRAL BLVD, SOUTH  
POMPANO BEACH, FL 33064  
TEL: 954.928.0680 FAX 954.772.0819

**ORANGE County:**  
UNIVERSITY CORPORATE CENTER II  
11486 CORPORATE BLVD, SUITE 130  
ORLANDO, FL 32817

**HILLSBOROUGH County:**  
1211 N. WESTSHORE BLVD, SUITE 409  
TAMPA, FL 33607  
TEL: 813.375.0791 FAX 813.252.9057

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORSICA PARK HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N99000004310

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:

ROBIN SPINNER

Name of Contact Person

Firm/Company

8170 DUOMO CIRCLE

Address

BOYNTON BEACH, FLORIDA 33472

City/State and Zip Code

RSPINNER12@YAHOO.COM

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

For further information concerning this matter, please call:

ROBIN SPINNER

Name of Contact Person

at ( 917 ) 453-8298

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: CORSICA PARK HOMEOWNERS ASSOCIATION, INC.  
2. The principal office address: 8850 VENETIAN ISLES BLVD., BOYNTON BEACH, FL 33472

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 07/12/1999 Document number: N99000004310

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)

SHIR, GUY M., ESQ.

1800 NW CORPORATE BLVD., STE 200

BOCA RATON, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KAYE BENDER REMBAUM, P.L.

1200 PARK CENTRAL BLVD., SOUTH

P.O. Box NOT acceptable

POMPANO BEACH, FL 33064

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.

  
Signature of an officer or director

ROBIN SPINNER, PRESIDENT

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 of Registered Agent

3/27/23

Date

If signing on behalf of an entity:

JEFFREY A. REMBAUM

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 (04/13)