723/98

Law Offices VICTOR K. RONES, P.A.	
16105 N.E. 18th Avenue North Miami Beach, FI 33162 (City/State/Zip/Phone #)	200112288612
PICK-UP WAIT MAIL (Business Entity Name)	11/19/0701032024 **35.00
(Document Number) Certified Copies Certificates of Status	2001 NOV 19 AM 11: 57 SECRETARY OF STATE TALLAHASSEE, FLORID
Special Instructions to Filing Officer:	FISTATE FLORIDA
Office Use Only	

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

	statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, I inge is submitted for a corporation organized under the laws of the S ir to change its registered office or registered agent, or both, in the S	itate of Florida
	The name of the corporation: Snapper Creek Townhouse Home Owners Association, Inc. The principal office address: 11200 S.W. 71 Street, Miami, Florida 33173		
	2. The principal	office address.	
	3. The mailing a	ddress (if different):	
	4. Date of incorp	poration/qualification: 04/18/1972 Document number: 7	'23198
		I street address of the current registered agent and registered office or tment of State:	n file with the
		Joseph H. Gaguzza, Esq.	2 28
		Hyman & Kaplan, P.A. 150 West Flagler Street, #2701, Miami, FL 33130	
		150 West Flagler Street, #2701, Miami, FL 33130	TASSAN
		d street address of the new registered agent (if changed) and /or registered	tered office
7 40 TO Ge	ुक्तु १ व के क्रासक	Victor K. Rones	5
		16105 N.E. 18th Avenue	
		(P.O. Box NOT acceptable)	
		North Miami Beach, FL 33162	
	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	as authorized by resolution duly adopted by its board of directors he board, a the corporation has been notified in writing of the cha	or by an officer so inge.
	(Siunati	Luis Castro, President	
	I hereby accept I further agree to of my duties, and document is bei	the appointment as registered agent and agree to act in this capa to comply with the provisions of all statutes relative to the proper ad I am familiar with and accept the obligation of my position as r ing filed merely to reflect a change in the registered office address s been notified in writing of this change.	city. and complete performance egistered agent. Or, if this i, I hereby confirm that the
		1023	407
	V 1670	gnature of Registered Agent) (Date L. L. LOMCS chalf of an entity:)
	Г)	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 (8/05)