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ONE CLEARLAKE CENTRE 250 SOUTH AUSTRALIAN AVE. **SUITE 1010** WEST PALM BEACH, FL 33401-5014

> (561) 655-6224 WEST PALM BEACH

1-800-355-6224 BROWARD/BOCA RATON FACSIMILE (561) 655-1361 Email: ga@gelfandarpe.com

COMPSON FINANCIAL CENTER 980 NORTH FEDERAL HIGHWAY SUITE 434 BOCA RATON, FL

REPLY TO WEST PALM BEACH

April 20, 1998

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 **700002496447**— -04/22/98—01048—012 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Beach Cabana's Condominium Association, Inc. /Registered Agent

To Whom It May Concern:

Enclosed is the Statement of Change of Registered Office or Registered Agent, or Both for The Beach Cabana's Condominium Association, Inc. Also enclosed is the Association's check number 2206 in the amount of \$35.00 payable to: Division of Corporations.

Please accept these items for filing. Upon your updating of the records, please confirm the change of registered agent with the undersigned.

Very truly

**Gelfand** 

for the Fizm

MJG/dls Encl.

The Beach Cabana Condominium Association, Inc.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Sections 617.0501 and 617.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation is: THE BEACH CABANAS CONDOMINIUM ASSOCIATION, INC.
- 1a. Date of incorporation September 5, 1979

Document number: 748789

2. The name and address of the present registered agent and office:

Stephen Cavasini 16 Andrews Avenue Delray Beach, Florida 33483

3. The name and address of the successor registered agent and office:
(P.O. BOX NOT ACCEPTABLE)

Michael J. Gelfand, Esquire GELFAND & ARPE, P.A. One Clearlake Centre, Suite 1010 250 South Australian Avenue West Palm Beach, Florida 33401-5014



The address of its registered agent and the 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.

SIGNATUI	RE C	
	Carol Rossi, President	*****
DATE/	04/398	P45-8-1

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 617.0503 FLORIDA STATUTES.

SIGNATURE\_

DATE

FILING FEE: \$35.00

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314