

751203

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June 2, 2000

Department of State  
State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: CORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.  
Document No. 751203  
Our File No. 2000-1288

Dear Sir or Madam:

Please find enclosed for filing a Statement of Change of Registered Office and Registered Agent concerning the above-referenced corporation.

Also enclosed please find our client's check payable to the Florida Department of State in the amount of \$35.00, representing the filing fee herein.

Sincerely,

*Karen Sullivan/dm*

Karen M. Sullivan  
KMS:dm  
Encl.  
cc: client (with enclosure)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Document No.: 751203

Date Filed: June 2, 2000

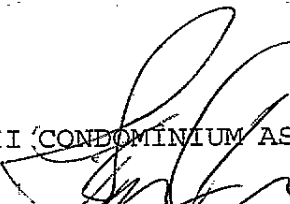
STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 607.0501 and 607.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is **CORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.**
2. The address of its present registered office is 6261 N. W. 6<sup>th</sup> Way, Suite 103, Ft. Lauderdale, Florida 33309.
3. The address to which its registered office is to be changed is 100 W. Cypress Creek Road, Suite 910, Ft. Lauderdale, Florida 33309.
4. The name of its present registered agent is Robert L. Kaye, Esquire.
5. The name of its successor registered agent is Karen M. Sullivan, Esquire.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. Such change was authorized by resolution duly adopted by its board of directors.

CORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.

SIGNATURE

  
\_\_\_\_\_  
William Dawson, President

DATE

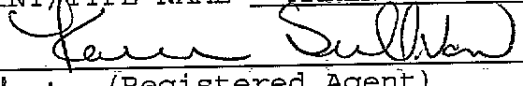
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TALLAHASSEE, FLORIDA

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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 607.0505 FLORIDA STATUTES.

PLEASE PRINT/TYPE NAME KAREN M. SULLIVAN, ESO.

SIGNATURE   
(Registered Agent)

DATE 6/2/00