

N020000003698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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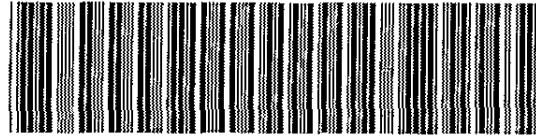
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA chs.
SP

**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: COURTYARD ^{HOMES} AT THE GROVE MAINTENANCE ASSOCIATION, INC.
2. The principal office address: C/O GABLES PROPERTY MANAGEMENT, 1495 NORTHPARK DRIVE, WESTON, FL 33326
3. The mailing address (if different): C/O GABLES PROPERTY MANAGEMENT, 1495 NORTHPARK DRIVE
WESTON, FL 33326
4. Date of incorporation/qualification: 05/14/2002 Document number: N02000003698
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

SCOTT, TRIPP

110 SE 6TH STREET

FORT LAUDERDALE, FLORIDA 33301

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

BAKALAR & EICHNER, P.A.

150 SOUTH PINE ISLAND ROAD, SUITE 540

(P.O. Box NOT acceptable)

PLANTATION, FLORIDA 33324

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.

Harry Bettoli

(Signature of an officer or director)

Maurizio Bettoli, PRES.

(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.

Bakalar & Eichner

(Signature of Registered Agent)

7/17/2006

(Date)

If signing on behalf of an entity:

BAKALAR & EICHNER, P.A.

(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

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