N07948

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
•	,	
Certified Copies	Certificates o	of Status
<u></u>		
Special Instructions to I	Filing Officer:	
		ļ

Office Use Only



200025315212

12/11/03--01029--001 **35.00

O3 DEC 11 PM 1: 52
SECRETARY OF STATE
ALL AHASSEE, FLORE

Lange of the state of the state

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: LAKEVIEW COURTS AT JACARANDA HO	MEOWNERS ASSOCIATION, INC.		
·	· ,		
DOCUMENT NUMBER: N07948			
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the	ne following:		
MARSHA FREEMAN, LCAM			
(Name of person)			
CASTLE MANAGEMENT, INC.			
(Name of firm	/company)		
4450 W. SUNRISE BLVD., SUITE C-	100		
(Addre			
,	,		
PLANTATION, FL 33318			
(City/state and	zip code)		
For further information concerning this matter, please call:			
MARSHA FREEMAN (Name of person)	at (954) 792-6000 (Area code & daytime telephone number)		
Ç	(,		
Enclosed is a \$35.00 check made payable to the Department	t of State.		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street		
Tallahassee, FL 32314	Tallahassee, FL 32399		

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 to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: LAKEVIEW COURTS AT JACARANDA HOMEOWNERS ASSOCIATION, INC 2. The principal office address: c/o CASTLE MANAGEMENT, INC. 3. The mailing address (if different): P.O. BOX 189013, PLANTATION, FL 33318 Document number: _N07948 4. Date of incorporation/qualification: 03/05/1985 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: KAYE & ROGER, PA 6261 NW 6TH WY, SUITE 103 FT LAUDERDALE, FL 33309 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): RANDALL K ROGER & ASSOCIATES 621 NW 53RD STREET, SUITE 300 (P.O. Box or personal mailbox NOT acceptable) BOCA RATON, FL 33487 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. 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) If signing on behalf of an entity:

* * * FILING FEE: \$35.00 * * *