

N15969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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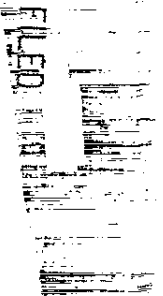
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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAKEHORE 5 CONDOMINIUM ASSOCIATION, INC  
(Name of corporation)

DOCUMENT NUMBER: N 15969

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAKEHORE 5 CONDOMINIUM ASSOC INC  
(Name of person)

c/o BSS+S CONDO DEPT.  
(Name of firm/company)

9655 SO DIXIE HWY. THIRD FLOOR  
(Address)

MIAMI FL 33156  
(City/state and zip code)

For further information concerning this matter, please call:

KAROL SALVAT at (305) 274-4600  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

LK5  
2640  
1/9/04

535 | 35.00

**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: LAKESHORE 5 CONDOMINIUM Association Dne
- 2. The principal office address: 1270 SOUTH FRANKLIN AVE  
HOMESTEAD, FL 33034
- 3. The mailing address (if different): 40 BSS4S CONDO DEPT  
9655 SOUTH DIXIE HWY, THIRD FLR; MIAMI FL 33156
- 4. Date of incorporation/qualification: 7/21/1986 Document number: N15969
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ANTHONY A. KALLICHE  
BECKER & POLIAKOFF PA  
5201 BLUE LAGOON DR. SUITE 100  
MIAMI FL 33126

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

MICHAEL BASS, ESQ.  
8900 SW 107 STREET; SUITE 206  
(P.O. Box or personal mailbox NOT acceptable)  
MIAMI FL 33176-1451

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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.

*William Christofferson*  
(Signature of an officer or director)

WILLIAM CHRISTOFFERSON,  
(Printed or typed name and title)  
PRESIDENT

*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]*  
(Signature of Registered Agent)

Nov. 17, 2003  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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