

September 16, 1997

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	OTHER FILINGS	REGISTRAT		1/h	.,
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	Fictitious Name	Foreign		(	\ <u>\</u>
	Name Reservation	Limited Partnership			
	· · · · <del> · ·</del>	Reinstatement			26,00
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CR2E045(3/96)

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308 the undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered office or registere	d agent, or both, in
the State of Florida.	
1. The name of the corporation is: FAY'S COVE AT CORAL BAY VILLI	ACE ASSOCIATION, IN
2. The mailing address of the corporation is: P.O. Box 771712, COLAL	SPRINGS FLA
2. The manning address of the corporation is.	33077
3. Date of incorporation/qualification: 5 28 91 Document number:	N43590
4. The name and address of the current registered agent and office: (RESIGNED 9)	567)_
HOWARD TORN	
2001 W. Sample Rd, Suite 305	78 9.
Pompano Beach, FL 33044	97 NOV -5 SECHETARY PALLAHASSIN
5. The name and address of the new registered agent and office: (P. O. Box Not Acce	eptable)
JOSEPH STRASKO	PM /
3358 BONITO LANE	TOURS N 1 : 1
MARGATE, FLORIDA 33063	<b>₩</b> =
The street address of its registered office and the street address of the business offi agent, as changed, will be identical.	ce of its registered
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board.	r by an officer so
	0/27/97
(Signature of an officer, chairman or vice chairman of the board) (D	ate)
STEVE PAVKOV - SECRETARY  (Printed or typed name and title)	10/27/97 Date)
Having been named as registered agent and to accept service of process for the abcorporation, I hereby accept the appointment as registered agent and agree to act I further agree to comply with the provisions of all statutes relative to the proper a performance of my duties, and I am familiar with and accept the obligation of my registered agent.	pove stated in this capacity. and complete position as
Signature of Registered Agent), (Date)	17/97
If sighing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	