N9200000431

Randall K. Roger & Associates, P.A. 621 NW 53rd Street, Suite 300 Boca Raton, Florida 33487				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Busiliess Elluty Hallie)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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02/20/06--01017--024 **35.00

OF FEB 20 PM 3: 00

R 2/2800

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized	d under the laws of the State of Floric	<u>da</u>
in orde	er to change its registered office or registered	agent, or both, in the State of Florida	
1. The name of	the corporation: CORAL ISLE AT BOCA C	HASE MASTER HOMEOWNERS A	ASSOCIATION, INC.
	office address: PRIME MGMT GROUP	INC 6300 PARK OF COMMERC	E BLVD
BOCA RA	ATON FL 33487 US		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/20/1992	_ Document number: N92000004	431
	d street address of the current registered agent rtment of State:	and registered office on file with the	
	GERDTIN, JOSHUA		
	1499 W PALMETTO PARK R	RD, STE 412	
	BOCA RATON FL 33486		ONIG
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or registered office	NEGRET FROM NO. FEB 20
	RANDALL K. ROGER & ASS	OCIATES, P.A.	فبسا لساكات
	621 NW 53RD STREET, SUI	TE 300	PH 3:
	(P.O. Box NOT acceptable)		00
	BOCA RATON, FL 33487		
The street address changed will	ess of its registered office and the street add I be identical.	ress of the business office of its regis	stered agent,
Such change was authorized by the	as authorized by resolution duly adopted by he board, or the corporation has been notified	its board of directors or by an office d in writing of the change.	er so
/k	2h	AUN E. ROSENTINE	ACURSIC.
/ -	ure of an officer of director) I the appointment as registered agent and age to comply with the provisions of all statutes and I am familiar with and accept the obligat ing filed merely to reflect a change in the re s been notified in writing of this change.	(Printed or typed name and litle) gree to act in this capacity, relative to the proper and complete ion of my position as registered agen gistered office address, I hereby conj	performance nt. Or, if this firm that the
ff My d	gnature (Registered Agent)	1-26-06 (Date)	
If signing on be	chalf of an entity:	arren en ephipopologica en manda a cura e e en entre	
Randall	K. Roger, Pres-Randall K. Typed or Printed Name)	Roger + Associates,	P.A.
	* * * FILING FEE: S	\$35.00 * * *	. •

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314