

N93000003010

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FILE NO. 1950341

October 11, 2000

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399
Attn: Certification Dept.

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-10/13/00--01077--002
*****35.00 *****35.00

Re: Villas at the Hammocks Condominium Association, Inc.

Dear Sir/Madam:

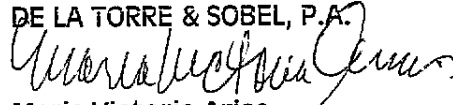
The undersigned law firm represents Villas at the Hammocks Condominium Association, Inc. ("Association"). Enclosed herewith are the original and a copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement") and this firm's check in the sum of Thirty-Five and No/100 Dollars (\$35.00). Please date stamp the copy and return to the undersigned in the enclosed self-addressed stamp envelope.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

SIEGFRIED, RIVERA, LERNER,
DE LA TORRE & SOBEL, P.A.

Maria Victoria Arias



MVA/pv
Enclosures
cc: President
Property Manager

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00 OCT 13 PM 3:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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R.A. change

T BROWN OCT 19 2000

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

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

2. The mailing address of the corporation is: c/o SEACOAST PROPERTY MANAGEMENT, INC.

14230 SW 73 Street, Miami, FL 33183

3. Date of incorporation/qualification: 6-29-93 Document number: N93000003010

4. The name and address of the current registered agent and office:

STEPHENS SUITS

LAND CAP PROPERTY

13800 SW 144 AVENUE ROAD, MIAMI, FL 33186

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)


SKRLD, INC.

201 ALHAMBRA CIRCLE, SUITE 1102

CORAL GABLES, FL 33134

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.


(Signature of an officer, chairman or vice chairman of the board)

Sept 20, 2000
(Date)

DONALD KEARNS, PRESIDENT

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.


(Signature of Registered Agent)

SEPTEMBER 5, 2000
(Date)

If signing on behalf of an entity:

LISA A. LERNER

(Typed or Printed Name)

SECRETARY

(Capacity)

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TALLAHASSEE FLORIDA