

N96000001179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

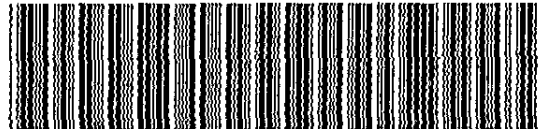
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200036474822

05/17/04--01045--007 **35.00

FILED

04 MAY 17 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

T BROWN MAY 24 2004

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

STEVEN M. SIEGFRIED
OSCAR R. RIVERA
LISA A. LERNER
HELIO DE LA TORRE
STUART H. SOBEL
MARIA VICTORIA ARIAS
JAMES F. HARRINGTON
ELISABETH D. KOZLOW

ROBERTO C. BLANCH
LUIS D. CARREJA

201 ALHAMBRA CIRCLE
11th FLOOR
CORAL GABLES, FLORIDA 33134
200 WEST PALMETTO PARK ROAD, SUITE 301
BOCA RATON, FLORIDA 33432

DADE (305) 442-3334 FAX (305) 443-3292
BROWARD (954) 781-1134 TOLL FREE 1-800-737-1390
BOCA RATON (561) 353-0600

EMAIL: MARIAS@SIEGFRIEDLAW.COM

DANIEL P. GOLFOND
MICHAEL J. KURZMAN
PAULA LEVY
ENRIQUE M. LOPEZ
LAURA M. MANNING
VIVIEN T. MONTZ
FERN F. MUSSELWHITE
DIANA PAEZ-RAMOS
KENZIE N. SADLAK
KATHRYN A. SLYE
L. CHERE TRIGG

OF COUNSEL

H. HUGH McCONNELL, P.A.

Reply to: Coral Gables Office

May 17, 2004

VIA FEDERAL EXPRESS
Division of Corporations
Amendment Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: HOMES OF DORAL LANDINGS COMMUNITY ASSOCIATION, INC. ("Association")

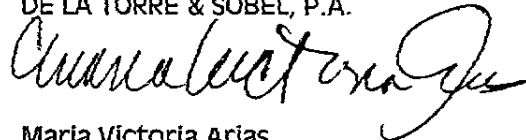
To whom it may concern:

The undersigned law firm represents Homes of Doral Landings Community 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 a 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 require anything further, please do not hesitate to contact my office.

Very truly yours,

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



Maria Victoria Arias

MVA/bly
Enclosures

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: HOMES OF DORAL LANDINGS COMMUNITY ASSOCIATION, INC.
2. The principal office address: 275 FOUNTAINBLEAU BLVD., SUITE 200
MIAMI, FL 33172
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/01/1996 Document number: N96000001179
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAEL E. REHR, P.A.

9500 S. DADELAND BLVD., SUITE 550

MIAMI, FL 33156

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

SKRLD, INC.

201 ALHAMBRA CIRCLE, SUITE 1102

(P.O. Box or personal mailbox NOT acceptable)

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, or the corporation has been notified in writing of the change.

J. Cayon
(Signature of an officer or director)

J. CAYON, PRESIDENT
(Printed or typed name and title)

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.

L. A. Lerner
(Signature of Registered Agent)

5-14-04
(Date)

If signing on behalf of an entity:

LISA A. LERNER

(Typed or Printed Name)

SECRETARY

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
04 MAY 17 AM 9:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE