

N97000005435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

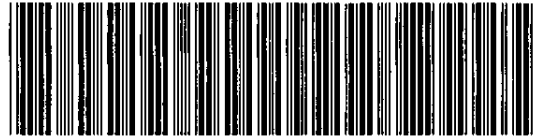
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUL 12 2012  
C. MUSTAIN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ISLAND SHORES CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

**DOCUMENT NUMBER:** N97000005435

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:

**Marta Bascoy**

Name of Contact Person

**Universal Property Management**

Firm/Company

**5190 NW 167h Street**

Address

**Miami, Florida 33014**

City/State and Zip Code

**upm@bellsouth.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Marta Bascoy**

Name of Contact Person

at ( **305** ) **949-0006**

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Island Shores Condominium Association, Inc.
- 2. The principal office address: 2903 NE 163 Street, Miami, Florida 33160
- 3. The mailing address (if different): 5190 NW 167th Street, # 104, Miami, Florida 33014
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N97000005435

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Marta Bascoy  
1380 NE Miami Gardens Drive # 207  
Miami, Florida 33179

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

Marta Bascoy  
5190 NW 167th Street # 104 Miami, Florida 33014  
P.O. Box NOT acceptable

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.

  
Signature of an officer or director

JON PAGE  
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.*

  
Signature of Registered Agent

7-1-12  
Date

If signing on behalf of an entity:

MARTA BASCOY  
Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314