

N99000001906

RECEIVED
99 MAY 28 PM 1:45
DIVISION OF CORPORATIONS

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000012937 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 922-4000

From:
Account Name : COHEN, BERKE, BERNSTEIN, BRODIE & KONDEL
Account Number : 075410000050
Phone : (305) 854-5900
Fax Number : (305) 857-9322

99 MAY 28 PM 3:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

OLD ORCHID HOMEOWNERS ASSOCIATION, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing

Public Access Help

Rachy
CFC
5/28

RECEIVED
MAY 28 PM 1:45
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 28, 1999

OLD ORCHID HOMEOWNERS ASSOCIATION, INC.
3300 PGA BLVD., SUITE 550
GARDENS PLAZA
PALM BEACH GARDENS, FL 33410

SUBJECT: OLD ORCHID HOMEOWNERS ASSOCIATION, INC.
REF: N99000001906

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

The FAX audit number must be on the top and bottom of each page of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

FAX Aud. #: H99000012937
Letter Number: 999A00029544

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: OLD ORCHID HOMEOWNERS ASSOCIATION, INC.

2. The mailing address of the corporation is: Gardens Plaza, 3300 PGA Boulevard, Suite 550, Palm Beach Gardens, FL 33410

3. Date of incorporation/qualification: 3/26/99 Document number: 990000091906

4. The name and address of the current registered agent and office:
Cober Corporate Agents
2601 South Bayshore Drive, 19th Fl.
Miami, FL 33133

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Jon H. Channing
Gardens Plaza
3300 PGA Blvd., Suite 550, Palm Beach Gardens, FL 33410

FILED
MAY 28 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4/13/99
(Date)

JOEL CHANNING, 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]
(Signature of Registered Agent)
JON H. CHANNING

4/13/99
(Date)

If signing on behalf of an entity:
[Signature]
(Typed or Printed Name) (Capacity)

Prepared by:
Stephen P. Johnson, Esq. *** FILING FEE: \$35.00 ***
Florida Bar No: 0136387
2601 So. Bayshore Dr., 19th Fl., Miami, FL 33133
(305) 854-5900