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LA OFFICES

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DIVISION OF CORPORATIONS
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June 23, 2000

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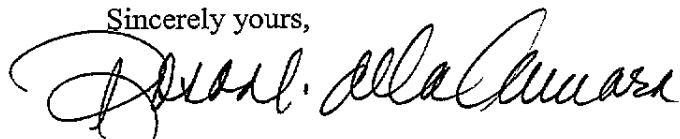
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: GUILDFORD HOUSE OF BAY HARBOR CONDOMINIUM, INC.

Dear Sir or Madam:

Enclosed herein please find a Statement of Change of Registered Agent form for the above referenced Association along with a check in the amount of \$35.00 to cover the filing fee. Please feel free to contact the undersigned should you have any questions or comments or should you need additional information.

Sincerely yours,



ROSA M. DE LA CAMARA
For the Firm

RMD/ma
Enclosures

RA Chg.
7/14
JB

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, 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: Gouldland House of Bay Harbor
Condominium, Inc.

1a. Date of incorporation 1-3-1973 Document number 725145

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

Stephanie Martina

9800 W. Bay Harbor Drive, Bay Harbor Isl., FL 33154

3. The name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

Rosa M. de la Camara, Esquire, Becker & Pollakoff, P.A.

5201 Blue Lagoon Drive, Suite 100, Miami, Florida 33126

The street address of its registered agent 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

(name and title)

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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

(Registered Agent)

DATE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314