N96000001178

uestor's Name)	 -
ress)	
ress)	<u> </u>
/State/Zip/Phone	; #)
TIAW [MAIL
iness Entity Nan	ne)
ument Number)	<u>.</u>
Certificates	of Status
iling Officer:	
	State/Zip/Phone WAIT wess Entity Nan ument Number) Certificates

Office Use Only



700035401467

05/05/04--01043--002 **35.00

OLMAY -5 MILL: 09

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

Reply to: Coral Gables Office

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. GALFOND
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

H. HUGH McCONNELL, P.A.

May 4, 2004

VIA FEDERAL EXPRESS

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

RE: DORAL LANDINGS TOWNHOMES ASSOCIATION, (NC. ("Association")

To whom it may concern:

The undersigned law firm represents Doral Landings Townhomes 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 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

H:\LIBRARY\CASES\4283\2030244\MA3112.WPD

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

Pursuant to the	provisions of se	ections 607.0502, 6	617.0502, 607.150	8, or 617.1508,		this statement of
_	-	-	under the laws of t		FLORIDA	in order
to change its reg	zistered office o	r registered agent,	, or both, in the Sto	ate of Florida.		
1. The name of t	the corporation:	DORAL LAND	INGS TOWNHO	MES ASSOCI	ATION, INC.	
2. The principal	office address:	LAND CAP PE	ROPERTY SERV	ICES, 13800 S	W 144th AVENU	JE ROAD
		MIAMI, FL 33	3186			
3. The mailing a	ddress (if differ	rent):				<u></u>
4. Date of incorp	poration/qualific	cation: 03/01/19	96 Docu	iment number:	N96000001178	
	l street address tment of State:	of the current regis	stered agent and re	gistered office	on file with the	
	LAND CA	AP PROPERTY S	SERVICES - STE	PHEN SUITS		<u> </u>
	13800 SW	/ 144th AVENUI	E ROAD			E B T
	MIAMI, I	FL 33186	-			85 6
6. The name and (if changed):	i street address	of the new register	red agent (if chang	ed) and /or regi	stered office	
	SKRLI	O, INC.	· · · · · · · · · · · · · · · · · · ·			O9
	201 AL	HAMBRA CIRC	LE, SUITE 1102			
		(P.O. Box or	personal mailbox NOT a	ecceptable)		.
	CORAL	GABLES, FL 3	33134			_
The street addre changed will be	ess of its registe identical.	ered office and the	e street address of	the business o	ffice of its registe	red agent, as
Such change wa	as authorized be corporation h	y resolution duly as been notified i	adopted by its bo n writing of the cl	ard of directors nange.	or by an officer	so authorized by
	nguature of an office	er or director)		Roland	Salveri uo ted or typee same and to	Resident
I hereby accept I further agree to duties, and I am being filed mere been notified in	the appointme to comply with a familiar with ely to reflect a writing of this	nt as registered a the provisions of and accept the ob change in the reg change.	gent and agree to all statutes relati bligation of my po istered office addi	act in this cap ve to the prope sition as regist ress, I hereby c	acity. r and complete pe ered agent. Or, ij onfirm that the co	rformance of my this document is prporation has
4	in			5	14/04	
	(Signature of Regist	ered Agent)		 ,	(Date)	
If signing on be	chalf of an entit	ty:				
1	LISA A. LERNER SECRETAR					
	(Typed or Printed	Name)			(Capacity)	

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