N99000001836

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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A A SUCHERASSEE, FLORIG

T. Roberts OCT 24700

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGIS. ERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pro	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of chang	e is submitted for a corporation organized under the laws of the State of Florida
in order t	o change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Waterside at Spring Valley Homeowner's Association, Inc.
2. The principal of	fice address: 1145 Sawgrass Corporate Parkway, Sunrise, FI 33323
·	
3. The mailing add	lress (if different): 1145 Sawgrass Corporate Parkway, Sunrise, FI 33323
4. Date of incorpor	ration/qualification: 3/24/1999 Document number: N99000001836
5. The name and st Florida Departm	treet address of the current registered agent and registered office on file with the nent of State:
. 0	Blenn, Richard
F	Four Harvard Circle, Suite 600
v	Vest Palm Beach, FI 33409
6. The name and si (if changed):	Vest Palm Beach, FI 33409 treet address of the new registered agent (if changed) and /or registered office
· <u>E</u>	Bakalar & Eichner, P.A.
1	150 South Pine Island Road, Suite 540
	(P.O. Box NOT acceptable)
F	Plantation, Florida 33324
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent, e identical.
	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
XI Signadure	Monne V. Danie 15 - President
I hereby accept the I further agree to of my duties, and document is being corporation has been	he appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
Lake a	auer of Registered Agent) (Date)
If signing on beh	
Bakalar & Eich	ner, P.A.
	ped or Printed Name)

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

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

CR2E045 (8/05)