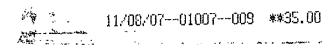
103003957

(Requestor's Name)	-	
(Address)		
(Address)		
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations SUBJECT: The Lakes at Tradition Homeowners Association, Inc. (Name of Corporation) DOCUMENT NUMBER: N03000002957 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: _ <u>S4994</u> (City/State and Zip Code) For further information concerning this matter, please call: 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

TO:

Amendment Section

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

statement of change is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of the corporation: The Lakes at Tr	adition Homeowners Association, Inc.
-	evard, Suite 400, Palm Beach Gardens, FL 33418
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 04/07/200	Document number: N0300002957
5. The name and street address of the current regist Florida Department of State:	ered agent and registered office on file with the
Inglis, Steve	
1930 Commerce Lane	, Suite 1 ASE 29
Jupiter, FL 33477	
6. The name and street address of the new registere (if changed):	d agent (if changed) and /or registered office 170 000
Deborah Ross, Esquire	9 03
759 South Federal Hig (P.O. Box NOT sex	hway, Suite 212
Stuart, FL 34994	
The street address of its registered office and the as changed will be identical.	street address of the business office of its registered agent,
Such change was authorized by resolution duly acauthorized by the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
(Signature of an officer or director)	TSAIA + STEINBERG RESIDENT (Printed or typed name and title)
	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
	11/4/87
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	•
(Typed or Printed Name)	G FEE: \$35.00 * * *

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