

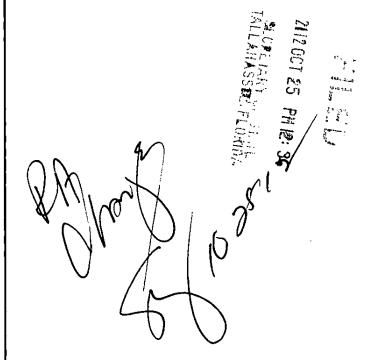
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Harborview at Harbor Islands Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N9900003620

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:

Lisa A. Lerner

Name of Contact Person

Siegfried, Rivera, Lerner, DeLa Torre & Sobel, P.A.

Firm/Company

201 Alhambra Circle, Suite 1102

Address

Coral Gables, FL 33134

City/State and Zip Code

hipoa@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa A. Lerner

_{at} 305 442-3334

Name of Contact Person

Area Code & Daytime Telephone Number

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

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Harborview at Harbor Islands Association, Inc.
2. The principal office address: 980 Harbor Islands Dr., Hollywood, FL 33019
3. The mailing address (if different):
4. Date of incorporation/qualification: June 10, 1999 Document number: N9900003620
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Becker & Poliakoff, P.A.
121 Alhambra Plaza, Suite 1000
Coral Gables, FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): SKRLD, Inc. 201 Alhambra Circle, Suite 1102
SKRLD, Inc.
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P.O. Box NOT acceptable Coral Gables, FL 33134
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, or the corporation has been notified in writing of the change.
Signature of an officer or director John Bilello, President Printed or typed name and title
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent October 23, 2012 Date
If signing on behalf of an entity:
Lisa A. Lemer
Typed or Printed Name * * * FILING FEE: \$35,00 * * *
A ARMEN 1-M - ANEXI MARINA

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

CR2E045 (03/12)