I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: GARY COHEN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N98000004011

Entity Name: ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2750 NE 185TH STREET SUITE. 301 AVENTURA, FL 33180

Current Mailing Address:

2750 NE 185TH STREET SUITE 301 AVENTURA, FL 33180

FEI Number: 65-0855725

Name and Address of Current Registered Agent:

COHEN, GARY 2750 NE 185TH STREET SUITE 301 AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | PSD | Title | VPTD |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Name | COHEN, GARY | Name | COHEN, SUSAN |
| Address | 2750 NE 185TH STREET, STE 301 | Address | 2750 NE 185TH STREET, STE 301 |
| City-State-Zip: | AVENTURA FL 33180 | City-State-Zip: | AVENTURA FL 33180 |
| Title | D | | |
| Name | SCHNEIDER, HARVEY | | |
| Address | 2750 NE 185TH STREET, STE 301 | | |
| City-State-Zip: | AVENTURA FL 33180 | | |

Certificate of Status Desired: No

FILED Mar 29, 2013 Secretary of State CC7594793255

> 03/29/2013 Date

Date