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## **COVER LETTER**

TO: Amendmen Division of	t Section Corporations			
SUBJECT:	EMERALD TOWER ASS			
	Name of Corp	poration		
DOCUMENT NUI	MBER:71	8995		
The enclosed Stater	ment of Change of Registered Office/A	Agent and fee are submitted for fili	ng.	
Please return all con	respondence concerning this matter to	the following:		
	Russell M. Rot Name of Conta	obins, Esq.		
•	Name of Conta	act Person		
	Mirza Basulto & F			
	Firm/Com	pany	30,00	
				5
	14160 Palmetto Fronta		至孫	ě
	Addre	55	35	5 AUG 20
			63	
	Miami Lakes, FI	orida 33016	11.00	n T
City/State and Zip Code				ក្ស ម៉ា
	and habita a Amahada		# A	50
_	rrobbins@mbrla E-mail address: (to be used for fut			
	E-man address. (to be used for fur	ure aimaar report noomeatters		
For further informa	tion concerning this matter, please cal	H:		
Russ	sell M. Robbins, Esq.	at ( 954 ) 510-	1000	
Nar	ne of Contact Person	Area Code & Daytime Teleph	ione Numb	er
Enclosed is a \$35.0	00 check made payable to the Departm	nent of State.		
	Mailing Address:	Street Address:		
	Amendment Section Amendment Section			
	Division of Corporations	Division of Corporation	IS	
	P.O. Box 6327	Clifton Building	Clual-	
	Tallahassee, FL 32314	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 Statut statement of change is submitted for a corporation organized under the laws of the State of Floridge in order to change its registered office or registered agent, or both, in the State of Floridge.	da		
The name of the corporation: EMERALD TOWER ASSOCIATION, INC.     The principal office address: 1401 SOUTH OCEAN BLVD, POMPANO BEACH, F.	L 330€	32	
3. The mailing address (if different): C/O SEACREST SERVICES  2400 CENTREPARK W DR., SUITE 175, WEST PALM BEACH, FL 33409	9		
4. Date of incorporation/qualification: 08/12/1970 Document number: 7	18995		
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)	<b>:</b>		
KATZMAN GARFINKEL			
5297 W. COPANS ROAD			
MARGATE, FL 33063	IAI 32	<del></del>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	CAHASS LAHASS	AUG 20	
Mirza Basulto & Robbins, LLP		PM	, TT
14160 Palmetto Frontage Road, Suite 22			-
P.O. Box NOT acceptable	10 A. 3 A.	50	
Miami Lakes, Florida 33016	4.		
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	gistered a	agent.	•
Such change was authorized by resolution duly adopted by its board of directors or by an offi- authorized by the board, or the corporation has been notified in writing of the change.	cer so		
Signature of an of the or director Einda Bacharach, Presi	dent	<del></del>	
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 completely my duties, and I am familiar with and accept the obligation of my position as registered age agreed the completely to reflect a change in the registered office address. I hereby continuous the province of the continuous transfer in the registered office address. I hereby continuous transfer in the registered office address. I hereby continuous transfer in the registered office address.		manc , if the rat the	:e is e
Signature of Registered Agent Date			
If/signing on behalf of an entity:			
Russell M. Robbins, Esq., Partner Typed or Printed Name			
* * * FILING FEE: \$35.00 * * *			
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323	14		

CR2E045 (8/05)