721996

(Requestor's Name)		
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business E	Entity Name)	_
(Document	Number)	
Certified Copies C	ertificates of Status	_
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Special Instructions to Filing O	fficer:	
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Office Use Only



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RA. Charge C.COULLIETTE

JAN 2 0 2011

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations				
		e contraction			
SUBJ	ECT: LAKE HARBOUR TOWERS CONDOMINITY (Name of Co	UM ASSOCIATION, INC.			
	Ç Allino II I				
DOC	UMENT NUMBER:721996				
The er	nclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter	to the following:			
	Contraction of the contract of	-			
,	EDWARD DICKER, ESQUIRE				
	(Name of Contact Person)				
	DICKER, KRIVOK & STOLOFF	. P.A.			
	(Firm/Co	mpany)			
		V.			
	1818 Australian Avenue S	outh, Suite 400			
	(Address)				
	West Palm Beach, FL 3340	9			
	(City/State an	d Zip Code)			
For fu	orther information concerning this matter, please c	all:			
<u>EDW</u>	ARD DICKER, ESQUIRE (Name of Contact Person)	at (561) 615-0123 (Area Code & Daytime Telephone Number)			
	,	(
Enclo	sed is a \$35.00 check made payable to the Depart	ment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of t	the corporation: LAKE HARBOUR TOWERS CONDOMINIUM ASSOCIATION, INC.				
2. The principal	2. The principal office address: 401 Lake Shore Drive, Lake Park, FL 33403				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 11/03/1971 Document number: 721996				
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)				
·	James P. K. Gilson				
	401 Lake Shore DRive, #506				
	Lake Park, FL 33403	<u>:</u>			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	VISION OF C			
٠.	DICKER, KRIVOK & STOLOFF, P.A.	1 0 7			
	1818 Australian Avenue South, Suite 400				
	1818 Australian Avenue South, Suite 400 (P.O. Box NOT acceptable)	, 953 103 103 103 103 103 103 103 103 103 10			
	ess of its registered office and the street address of the business office of its registered ago be identical. as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	gent,			
authorized by th					
James (Signatu	ure of an officer or diffector) I a me s P G S o n (Printed or typed name and title)				
I further agree to of my duties, an document is bei	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perform nd I am familiar with and accept the obligation of my position as registered agent. Or, i ing filed merely to reflect a change in the registered office address, I hereby confirm tha s been notified in writing of this change.	ance f this t the			
Elibert (Sig	ignafure of Registered Agent) (Date)	_			
If signing on be	ehalf of an entity:				
June Di	icher of Victor Krival Istalutt				
(1	Typed or Primed Name)				

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