747159

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -7 PM 3:05

(Requestor's Name)

CHERYL J. LEVIN, P.A.
COURTYARD BUSINESS CENTER
4694 NW 103rd AVENUE
Sunrise, Florida 33351-7970

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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1. The name of the corporation is: OPERATING ASSOCIATION FOR PALM LAKES CONDOMINIUM, INC.

1a. Date of Incorporation 05/14/1979 Document number 747159

2. The name and address of the current registered agent and office:
Becker, Gary A. Poliakoff PA. 3111 Stirling Road
Fort Lauderdale FL 33312-3525

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

CHERYL J. LEVIN, P.A.
Courtyard Business Center
4694 NW 103rd Avenue
Sunrise, FL. 33351-7970

The street address of its registered agent 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.

SIGNATURE _____
(name and title)

DATE 4/1/2003

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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

SIGNATURE _____
(Registered Agent) Cheryl J. Levin

DATE 4/3/03

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-00) FILING FEE: $35.00