758109

(Requestor's Name)		
NO COVER Sheet OF EAU.		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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200185465052

09/30/10--01015--023 **35.00

SECRETARY OF STATE
DVISION OF COMPORATION

10 SEP 30 AM II: 14

C.COULLIETTE
OCT 0 1 2010

EXAMINER

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 Sta statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring	orida	
1. The name of the corporation: Summit Towers Condominium Association,	Inc.	
2. The principal office address: 1201 South Ocean Drive, Hollywood, FL 33019		
3. The mailing address (if different): 1201 South Ocean Drive, Hollywood, FL 3301	9	
4. Date of incorporation/qualification; 10/30/1981 Document number:	758109	
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the	• •
Edo Meloni, Esq Feins & Meloni, P.A.		ية .
900 SW 40th Avenue		NOIS SION
Plantation, FL 33317	ر	SEP 30
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		IN SEE 30 AM II: 19
SKRLD, Inc.	•	- 10
201 Alhambra Circle, Suite 1102		,
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 as changed will be identical.		igent,
Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board, or the corporation has been notified in writing of the change.	fficer so	
Signature of director of direc		
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 comp of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	plete perfor agent. Or, confirm th	mance if this at the
Signature of Registered Agent Date		
If signing on behalf of an entity:		_
Lisa A. Lerner Typed or Printed Name		•
* * * FILING FEE: \$35.00 * * *		

Paid By Check Number: 1302 - Paid Amount: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)