## NOCOCOMA

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
. (Bus	siness Entity Nar	ne)
(Do	cument Number)	
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Office Use Only



200023850012

10/23/03--01043--029 \*\*70.00



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

Pursuant to the provisions of sections 607.0502, 617.0		Florida Statutes,
the undersigned corporation organized under the laws of submits the following statement in order to change its re the State of Florida.	•	agent, or both, in
1. The name of the corporation : Hidden Bay Master	Association, Inc.	
2. The mailing address of the corporation: 3370 N	.E. 190 St., Aventura,	FL 33180
3. Date of incorporation/qualification: 2/17/2000	Document number:	N00000001112
4. The name and address of the current registered agent a	nd office:	03
Bernard Meyer	·	PG &
2035 Harding Street		13
Hollywood, FL 33020		EFG. 3
<ol><li>The name and address of the new registered agent (if c (P. O. Box Not Ac</li></ol>		ce (if changetf)
Gary A. Poliakoff		A
c/o Becker & Poliakoff, P.A 3111 Stirling Road	•	
Fort Lauderdale, FL 33312		
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office	of its registered
Such change was authorized by resolution duly adopted authorized by the board.  Signature of an officer, chairman or vice chairman of the board.	10/	y an officer so
Assignature of an officer, chairman of vice chartman of the obard	(Date	J
Robert Romano, President (Printed or typed name and title)		
Having been named as registered agent and to accept s corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all stati performance of my duties, and I am familiar with and a registered agent.	red agent and agree to act in the relative to the proper an	this capacity. d complete
di-m	10/21/03	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
Gary A. Poliakoff (Typed or Printed Name)	President (Capacity)	
(-11	(Capacity)	

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