N00000003543

(Requestor's Name)
Wrone
WESTSIDE CORPORATE CENTER 150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FLORIDA 33324
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Ellips Office
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C.A. Change G. Coursiers SEP 0 1 2005

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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.	
1. The name of the corporation: LIDO ISLES HOMEOWNERS ASSOCIATED	sH,
2. The principal office address: Clo BABLES PROPERTY MGMT.	•
2300 CARPORATE AVE #110 WESTON FL 333	3
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: 6/60 Document humber. NOOD DOOD 3543	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
IRIS KRYSTY-16748 S.W. 16ST. 5 3	
TEMBRORE TIMES FL 3302 FT F	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	-
Bakalar & Eichner, P.A. Westside Corporate Center 150 South Pine Island Road, Suite 540 Plantation, Florida 33324	
The street address of its registered office 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, or the corporation has been notified in writing of the change.	
The Course of Marian Parker F	
(Signature of an officer or director) (Printed or typed name and ditte)	
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 amiliar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Jan (5)	
(Signature of Registered Agent) (Date)	•
If signing on behalf of an entity:	
(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 32314