N0000000122

(Re	questor's Name)	•
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne) .
: (Do	cument Number)	; ;
Certified Copies	_ · .··Certificates	of Status
Special Instructions to	Filing Officer:	



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09/30/09--01016--004 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA O9 SEP 30 PH 1: 08

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10.2.09

COVER LETTER

TO: Armendment Section Division of Corporations

SUBJECT: Commodore E	Name of Co	orporation	
DOCUMENT NUMBER:	N000	000006722	
The enclosed Statement of Chang	e of Registered Office	e/Agent and fee are sub	nitted for filing.
Please return all correspondence	concerning this matter	to the following:	
	Michelle	Belardo	
	Name of Cor	ntact Person	
Commodo	ore Estates at Hart	oor Islands Associat	ion, Inc.
	Firm/Co	mpany	<u> </u>
	980 Harbor Is		<u> </u>
	Addı	ress	
	Hollywood,	Fl. 33019	<u></u>
	City/State an	id Zip Code	•
	HIPOA3@COM	MCAST.NET	
E-mail addre		uture annual report no	tification)
For further information concernir	ng this matter, please o	all:	
A.C. de alle Del		054	
Michelle Bel Name of Contact	ardo Person	at (954) Area Code & Da	454-1662 ytime Telephone Number
rance or contact	, QISON	Allow Code of Da	y inno Totophono Tumbor
Enclosed is a \$35.00 check made	payable to the Depart	ment of State.	
Mailing	Address: nent Section	Street Addre	<u>ss:</u>
		Amendment	
	of Corporations		Corporations
P.O. Bo		Clifton Buil	
Tallahas	ssee, FL 32314	2661 Execu Tallahassee,	tive Center Circle FL 32301

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

-	ange is submitted for a corporation organized under the laws of the State of Florida Florida
_	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Commodore Estates at Harbor Islands Association, Inc.
2. The principal	1 office address: 980 Harbor Islands Drive, Hollywood, Florida 33019
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 10/09/2000 Document number: N0000006722
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	BECKER & POLIAKOFF, P.A.
	121 ALHAMBRA PLAZA, SUITE 1000
	CORAL GABLES, FL. 33134
6. The name and (if changed):	CORAL GABLES, FL. 33134 d street address of the new registered agent (if changed) and /or registered office Eisinger, Brown, Lewis & Frankel, P.A Jed L. Frankel, Esq. 4000 Hollywood Blvd., Suite 265 South P.O. Box NOT acceptable
•	Eisinger, Brown, Lewis & Frankel, P.A Jed L. Frankel, Esq.
	4000 Hollywood Blvd., Suite 265 South P.O. Box NOT acceptable
	Hollywood, Fl. 33021
The street addre	ress of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
Signatur	Keyin Gutkin, President
I hereby accept I further agree of my duties, an document is bei	If the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.
	gnature of Registered Agent Date
(1)	ehalf of an entity:
Jed_	Fyped 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
CR2E045 (8/05)