M01044

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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07/19/10--01032--001 **35.00



or Major

COVER LETTER

SUBJECT: 174	E HAMPTONS OF NO. LAUDER O Name of Corporation	ALE HOMEOU	NERS ASSO	CIATION, INC.
DOCUMENT N	UMBER: <u>N01044</u>			
The enclosed Sta	ement of Change of Registered Office/Agent and	fee are submitted for	filing.	
Please return all	orrespondence concerning this matter to the follow	ving:	-	
	JESSICA MAHADED Name of Contact Person			
	BINE CREST MANAGES	MENT	_	
	2962 TRIVIUM CIRCLE .	STE 201	-	
	OANIA BEACH FL 3331 City/State and Zip Code	<u>1</u>	-	
	E-mail address: (to be used for future annual	AN AGEMENT report notification	incom.	
English Combined to Com-	nation concerning this matter, please call:		0899 ephone Number	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: THE HAMPTONS OF NO. LAUDERDALE HOMEOWNERS ASSOCIATION, FNO
2. The principal office address: 1423 SUSSEX DRIVE ASSOCIATION, INC.
N. LAUDEROALE, FL 33068 USA
3. The mailing address (if different): 4750 W. LOMMERCIAL BLVD
TAMARAC, FC 33319 USA
4. Date of incorporation/qualification: 01-23-1994 Document number: N01044
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
FOUNDATION PROPERTY SERVICES
4750 W. WIMPERCIAL BLUD
TAMARAL, FL 33319 USA
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BLUE CREST MANAGEMENT, LC 2 3
2962 TRIVIUM CIRCLE, STE 201 P.O. Box NOT acceptable
DANIA BEACH, FL 33312.
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 popporation has been notified in writing of the change.
Signature of an officer of director MICHAEL SLUSHER PRESIDENT
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. 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.
7-16-10
Bignature of Registered Agent Date
If signing on behalf of an entity:
J. MAHADEO 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