

NO1668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

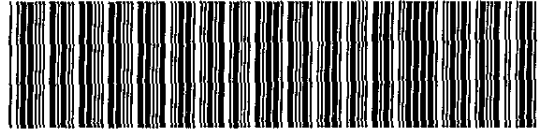
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400021945184

08/04/03--01072--013 **210.00

FILED

03 AUG -4 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/08/03

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : COMMADORE HOMEOWNERS ASSOCIATION, INC.

2. The mailing address of the corporation : 3822 NE 171 STREET, N. MIAMI BEACH,
FLORIDA 33160

3. Date of incorporation/qualification: _____ Document number: _____

4. The name and address of the current registered agent and office:

NANCY L. FLEMING, VICE PRESIDENT

5701 HOLLYWOOD BLVD., SUITE B

HOLLYWOOD, FL 33021

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

JENNIFER SCARONI, VICE PRESIDENT

3830 NE 171 STREET

N. MIAMI BEACH, FL 33160

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.

Nancy L. Fleming
(Signature of an officer, chairman or vice chairman of the board)

7/29/03
(Date)

NANCY L. FLEMING, VICE PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

J. Scaroni
(Signature of Registered Agent)

7/29/03
(Date)

If signing on behalf of an entity:

JENNIFER SCARONI
(Typed or Printed Name)

(Capacity)

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

03 AUG -4 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED