N03000009335

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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10/27/06--01003--022 **35.00

SECRETARY OF STATE OF STATE AT 10H OF OCT 27 PM 4: 21

COVER LETTER

SUBJECT: Canyon Lakes Homeowners Association, Inc. (Name of Corporation) DOCUMENT NUMBER: N03000009335 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Prime Management (Firm/Company) c/o 8771 Canyon Lakes Drive Boynton Beach, Florida 33437 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Street Address:** Mailing Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of chang	•	607.1308, or 617.1308, Florida Statutes, th ed under the laws of the State of Florida ed agent, or both, in the State of Florida.	<u> </u>	
1. The name of the	corporation: Canyon Lakes Homeov	vners Association, Inc.		
2. The principal of	ffice address: 1600 Sawgrass Corpora	ate Parkway, Suite 300, Sunrise, FL	33323	
3. The mailing add	dress (if different): Same			
4. Date of incorpo	ration/qualification: 10/27/2003			
5. The name and s Florida Departn	treet address of the current registered agentent of State:	nt and registered office on file with the		
9	Steven M. Helfman			
_1	1401 University Drive, Suite	200	OS DIVISION	
(Coral Springs, FL 33071-603	9	83	
1401 University Drive, Suite 200 Coral Springs, FL 33071-6039 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Louis Caplan, Esquire of Sachs Sax Klein, PA				
Louis Caplan, Esquire of Sachs Sax Klein, PA				
301 ramato Road, Suite 4150				
E	(P.O. Box NOT acceptable) Boca Raton, FL 33431			
_		dress of the business office of its registere	d agent,	
Such change was authorized by the	authorized by resolution duly adopted b board, or the corporation has been notif	y its board of directors or by an officer so ied in writing of the change.		
/ [of an officer or director)	JOHNTISCI PRESIDENTI (Printed or typed name and tille)		
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.				
	/ (October 3, 2006		
	ture of Registered Agent)	(Date)		
If signing on beha	•			
Louis Caplan (Typ	, Esquire ed or Printed Name)	·		
••				

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