

# N03000009492

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

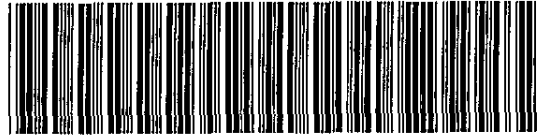
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_      Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/20/04 --01050--015    \*\*35.00

*RA change*

FILED  
 04 SEP 20 PM 4: 15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED  
 04 SEP 20 PM 11: 35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*AOR  
9/21/04*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Villas de Tuscany Condominium Association, Inc.  
(Corporation Name) (Document #) NO3000009492
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILNGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**Florida Department of State, Jim Smith, Secretary of State**  
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH**  
**FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned nonprofit 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 is: **VILLAS DE TUSCANY CONDOMINIUM ASSOCIATION, INC.**
2. Date of incorporation 11/03/03 Document number: N03000009492
3. The name and address of the current registered agent and office:

**Omar Hernandez**  
**701 Brickell Avenue, Suite 2280**  
**Miami, Florida 33131**

4. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

**J.M. Guarch, Jr.**  
**710 South Dixie Highway**  
**Coral Gables, Florida 33146**

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04 SEP 20 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

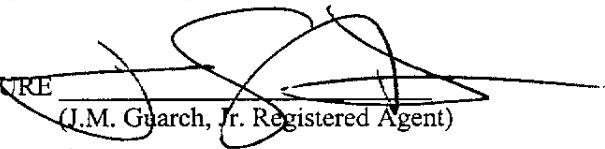
The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE   
(Omar Hernandez, President)

DATE 9-13-04

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE   
(J.M. Guarch, Jr. Registered Agent)

DATE 9/13/04

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314