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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT -7 AM 8:14

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10 / 8 / 10

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Homeowners Sub-Association of East Lake Village, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000006151

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:

Charlotte Quick
Name of Contact Person

Bayshore Association Management
Firm/Company

430 NW Lake Whitney Place
Address

Port St Lucie, FL 34986
City/State and Zip Code

bayshorebk1@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlotte Quick at (772) 871-0004
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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
FOR CORPORATIONS**

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: Homeowners Sub-Association of East Lake Village, INC.
2. The principal office address: 430 NW Lake Whitney Place; Port St Lucie, FL 34986

3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 21, 2004 Document number: N04000006151

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)

Lou Caplan

1850 SW Fountainview Blvd; Suite 207

Port St Lucie, FL 34986

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Becker & Poliakoff P.A., Kenneth Direktor, Esq

1850 SW Fountainview Blvd, Suite 103

P.O. Box NOT acceptable

Port St Lucie, FL 34986

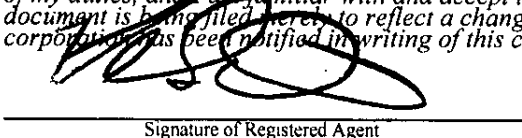
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Karen Wendland, Treasurer
Printed or typed name and title

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.


Signature of Registered Agent

10/5/10
Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

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