

NO4000008589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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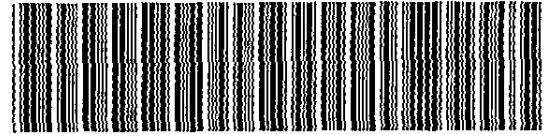
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY -9 AM 10:50

*RA & R.O. Change*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BELLAVISTA OF CORAL RIDGE HOMEOWNERS ASSOCIATION, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** N04000008589

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:

JAMES F. PUCCIA  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

1408 NE 26 AVE  
(Address)

FT. LAUDERDALE FL 33304  
(City/state and zip code)

For further information concerning this matter, please call:

JAMES F. PUCCIA at ( 954 ) 563-1275  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: BELLAVISTA OF CORAL RIDGE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 1408 NE 26 AVE FORT LAUDERDALE FL 33304
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/01/2004 Document number: N04000008589
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LEOPOLD, KORN & LEOPOLD, P.A.

20801 BISCAYNE BLVD., SUITE 501

AVENTURA, FL 33180

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

JAMES FIDURICH  
1408 NE 26 AVE  
(P.O. Box NOT acceptable)  
FORT LAUDERDALE FL 33304

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.

James Fidurich  
(Signature of an officer or director)

JAMES FIDURICH - 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.

James Fidurich  
(Signature of Registered Agent)

5/5/05  
(Date)

If signing on behalf of an entity:

BELLA VISTA OF CORAL RIDGE HOA  
(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

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DIVISION OF CORPORATIONS  
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