

(Re	questor's Name)		-
(1.0	quostor o marrio,		
(Ad	dress)		-
(Ad	dress)	1999 IAA	-
(Cit	y/State/Zip/Phone	e #)	-
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	-
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	-
Special Instructions to	Filing Officer:]
	Office Use On	lv	_



800081900038

11/29/06--01003--024 **35.00

ALLAHASSEE. FLORIDA

OG NOV 29 PM 3: 52
SECRETARY OF STATE
TALL AHASSEE F.

COVER LETTER

Amendment Section Division of Corporations
SUBJECT: Santa Honica Townsomes Homeowners Association (Name of Corporation)
DOCUMENT NUMBER: NOSOOOO 4307
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:
Karen Busch LCAM (Name of Contact Person)
Sun Rae Management Services Inc. (Final/Company)
7071 West Commercial Blvd. Suite 2B (Address)
Tarrarac, FL 33319 (City/State and Zip Code)
For further information concerning this matter, please call: Xaren Busch at (954) 733-9010 x 15 (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 House
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Santa Monica Townsomes Home owners Assoc
2. The principal office address: 7071 West Commercial Blvd., Suite 28
Tamarac, FC 33319
3. The mailing address (if different): Same 95 above
4. Date of incorporation/qualification: Document number: N 05 000 00 +307
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
tatrick K. Fletcher
200 South Biscayne Blyd-#3405
Miami, FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new
Karen Busch, LCAM
7071 West Commercial Blvd Suite 28 (P.O. Box NOT acceptable)
Tamarac, FC 33319
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) Nichard Marciano (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.
Mark Duck, LCAM 11/15/06 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Maren Busch, LCAM (Typed or Printed Name)

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