## N0500006159

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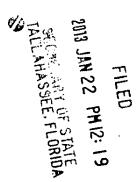
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## **COVER LETTER**

TO: Amendmen Division of	at Section Corporations					
SUBJECT:	Aquazul Condominium Name of Con	Association, Inc.				
DOCUMENT NU	MBER: N050	00006159				
The enclosed States	ment of Change of Registered Office/	Agent and fee are submit	ted for filing.			
Please return all co	rrespondence concerning this matter t	o the following:				
Mr. Curtis Allison						
Name of Contact Person						
The Continental Group						
	Firm/Con					
	1600 S Ocear	n Boulevard				
	Addre					
	Pompano Beac City/State and	ch, FL 33062				
	City/State and	Zip Code				
	mgraz Gaquazul	.NeT				
-	E-mail address: (to be used for fu		ication)			
For further informa	ntion concerning this matter, please ca	ill:				
1	Mr. Curtis Allison	at ( 954 )	582-9900			
Na	me of Contact Person	at ( 954 ) Area Code & Dayti	me Telephone Number			
Enclosed is a \$35.0	00 check made payable to the Departr	nent of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations ng e Center Circle			
	•	Tallahassee, F	L 32301			

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

statement of cha	nge is submitted for a co	rporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida
			ium Association, I ard, #300, Lauderdal	nc. e by the Sea, FL 33062
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	6/14/2005	Document number:	N5000006159
	d street address of the cur rtment of State: (If resign		nt and registered office on	file with the
	Becker & Poliakoff	P.A.		
	Gary A. Poliakoff			
	3111 Stirling Road	i, Ft. Lauderdale	e, FL 33312	
6. The name and (if changed):	d street address of the ne		(if changed) and /or registe	JAN
	1900 NORTH COI			1''
	1000 1101111111111111111111111111111111	P.O. Box NOT a		PM 12
	WESTON, FL 333	26		
The street addr	ress of its registered officials	ce and the street ac	ldress of the business offi	ice of its registered agent,
I hereby accept further agree of my duties, a document is be corporation has	week anjoincer or director	gistered agent and visions of all statut and accept the oblig	rinica or typea to	Frian
	Typed or Printed Name	<del></del>		

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