(Requestor's Name)	
(Address)	100088724
(Address)	10000721
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/21/070102101
(Document Number)	
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411

05 **280.00

PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

February 16, 2007

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
PO Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent and Office

Dear Sir or Madam:

Enclosed are the forms necessary to change the registered agent and registered office for each of the following entities, together with a check in the amount of \$280.00 representing the filing fees:

- 1. Edgewater South Beach Condominium Association, Inc. f/k/a El-Ad Edgewater Condominium Association, Inc.
- 2. El-Ad Arbor Lakes Condominium Association, Inc.
- 3. El-Ad Corp.
- 4. El-Ad Group Florida Corp.
- 5. Mizner on the Green Condominium Association, Inc. f/k/a El-Ad Mizner on the Green Condominium Association, Inc.
- 6. San Michele Condominium Association, Inc. f/k/a El-Ad San Michele Condominium Association, Inc.
- 7. The Colonnade Residences Condominium Association, Inc. f/k/a El-Ad Colonnade Residences Condominium Association, Inc.
- 8. Tuscany Pointe Condominium Association f/k/a El-Ad Tuscany Pointe Condominium Association, Inc.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Laura L. Lightholder

enclosures



February 22, 2007

PREMIER CORPORATE SERVICES, INC. C/O LAURA L. LIGHTHOLDER 200 WEST ADAMS STREET, SUITE 2007 CHICAGO, IL 60606

SUBJECT: TUSCANY POINTE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000000747

We have received your document for TUSCANY POINTE CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 407A00013103

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angle is submitted for a corporation organized under the laws of the State of Florida	
-	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation: Tuscany Pointe Condominium Association, Inc.	
2. The principal of	office address: 1301 International Parkway, Suite 200, Sunrise, FL 33323	
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 1/24/2006 Document number: N0600000747	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State:	
	American Information Services, Inc.	
	One S.E. Third Avenue, 28th Floor	
	Miami, FL 33131	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	NRAI Services, Inc.	
	2731 Executive Park Drive, Suite 4	
	Weston, FL 33331	
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the porporation has been notified in writing of the change.	
(Signatur	Shaoul Mishal, President (Printed or typed name and title)	
I hereby accept if further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
A Sign	hature of Registere Agent) FEBRUAR / 15 700 7	
If signing on bel	half of an entity:	
Laura Lightholder, Assistant Secretary of NRAI Services, Inc.		

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

(Typed or Printed Name)