## MOWWHA22

(Requestor's Name)  (Address)  (Address)	500088724395
(City/State/Zip/Phone #)	02/21/0701021005 **280.00
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	O7 FEB 21 AM ID: 03 SLUNCTARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only

## 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 Hightholder

enclosures

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

•	•	ŕ	2, 607.1508, or 617.15 ized under the laws of	,	•
•	•	-	ered agent, or both, in		
1. The name of the	he corporation:	San Mi	chele Condominiu	m Association	, Inc.
2. The principal of	office address: 130	01 International Pa	rkway, Suite 200, S	unrise, FL 333	23
3. The mailing ac	idress (if different)	:			
4. Date of incorp	oration/qualification	on: 4/13/2006	Document numb	er: N060000	004222
	street address of th		gent and registered offi		
	American In	formation Servi	ces, Inc.		
	One S.E. Th	ird Avenue, 28	th Floor		200
	Miami, FL 33	3131			82
6. The name and (if changed):	street address of th	ne new registered ager	at (if changed) and /or a	registered office	AM 10: 03
	NRAI Servic	es, Inc.			. 03 See 13
	2731 Execut	tive Park Drive,	Suite 4		P
	Weston, FL	(P.O. Box NOT acceptable) 33331			
The street addres as changed will l	ss of its registered be identical.	office and the street	address of the busines	ss office of its re	gistered agent,
Such change was authorized by the	s authorized by re e board, or the cor	solution duly adopted poration has been no	I by its board of directified in writing of the	tors or by an offi change.	icer so
	4		Shaoul Mishal, I		
I hereby accept t I further agree to of my duties, and	the appointment a comply with the I I am familiar wit g filed merely to t been notified in w	s registered agent an provisions of all stati ih and accept the obl	d agree to act in this outes relative to the projection of my position eregistered office add	typed name and title) capacity oper and comple as registered ag dress, I hereby co	te performance zent. Or, if this onfirm that the
(Sigr	nature of Registered Age	nt)	- GSRUE	(Dafe)	700 >
If signing on beh	nalf of an entity:				
	ssistant Secretary of NF	RAI Services, Inc.		· •	
(T)	yped or Printed Name)	* * * FILING FE	E: \$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)