

N07414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

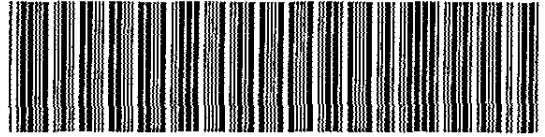
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEMON BAY BREEZES MASTER ASSOCIATION, INC
(Name of corporation)

DOCUMENT NUMBER: _____

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:

OSCAR A.F. KEUKER
(Name of person)

KEUKER TAX SERVICE INC.
(Name of firm/company)

1931 TAMiami TRAIL STE 4
(Address)

PORT CHARLOTTE FL 33948
(City/state and zip code)

For further information concerning this matter, please call:

OSCAR A.F. KEUKER at (941) 766-0635
(Name of 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: LEMON BAY BREEZES MASTER ASSOCIATION INC.
2. The principal office address: 1401 SO McCALL RD UNIT 309A
ENGLEWOOD FL 34223

3. The mailing address (if different): _____

4. Date of incorporation/qualification: JAN 31, 1985 Document number: N07414

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KEYS-CALDWELL, INC.
1747 S Tamiami Tr.
VENICE FL

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

OSCAR A.F. KEUKER
1931 TAMAMI TRAIL STE 4
(P.O. Box or personal mailbox NOT acceptable)
PORT CHARLOTTE FL 33948

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Dixie Sewell
(Signature of an officer, chairman or vice chairman of the board)

DIRECTOR
DIXIE SEWELL SECY 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. If, 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.

[Signature]
(Signature of Registered Agent)

9-23-03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314