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Dr. Charle

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SECRETARY OF STATE
TALLAHASSEE, FLORID.

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: HOLIDAY MOBILE ESTATES HOMEOWNERS ASSOCIATION (Name of Corporation)
DOCUMENT NUMBER: 1/0 8655
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:
S.E. FITZGERAUD  (Name of Contact Person)
(Firm/Company)
607 6 5 T. (Address)
PEMBROKE PARK FL 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
SIEI GTZGERALD at (954) 961 - 0176  (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

Holiday Mobile Estates
Homeowners Association
3120 W Hallandale Bch Blvd
Pembroke Park Fl 33009

September 6, 2007

Due to personal reasons I, Jaime Mortorell resign my position as President and Registered Agent of Holiday Mobile Estates Homeowners Association as of September 15, 2007.

Sincerely

Jaime Mortorell

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## 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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HOLIDAY MOBILE ESTATES HOMEOWNERS A-SSOCIATION  2. The principal office address: 4/9 4th STREET  PEMBRUKE PARK FL 33009
3. The mailing address (if different):
4. Date of incorporation/qualification: APRIL 11, April 1985
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JAIME MORTORELL
HIME MOKTOCELL  419 4th STREET  PEMBRUKE PARIL AL 33009
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):  S.E. FITTO ERALD
PEMBROURE PARK KL 33009
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.
S.E. FITZGERALD V PRESIDENT (Signature of an officer or director)  S.E. FITZGERALD V PRESIDENT (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.
SEPTEMBER 14, 2007 (Signification of Registered Agent)  SEPTEMBER 14, 2007
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(8/05)

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