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ALLAHASSEF, FIODISA

1/s 9/27/000 MIND

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

in orde			ed agent, or both, in the	State of Florida State of Florida.
1. The name of	the corporation: Lagui	na at Mission Bay	Association, Inc.	· · · · · · · · · · · · · · · · · · ·
2. The principal	office address: c/o A&	kN Management,	Inc., 6413 Congress	Avenue, Suite 220
Boca R	aton, FL 33487	<u> </u>		·
3. The mailing a	address (if different): C	o A&N Managen	nent, Inc., 6414 Cor	ngress Avenue, Suite 2
Boca R	aton, FL 33487		<u> </u>	
4. Date of incor	poration/qualification:	07/07/1986	Document number:	N15723
	d street address of the criment of State:	urrent registered age	nt and registered office	on file with the
	Joel Messinger, C	Community Associa	ation Services	& &
	951 Broken Soun	d Parkway, Suite	250	Fig. 8
	Boca Raton, FL	33487		THE PO
	Bood (Glori,) E			
6. The name and (if changed):	d street address of the r	ew registered agent	(if changed) and /or regi	stered office
	Louis Caplan, E	sq., c/o Sachs Sa	x Klein, P.A.	
	301 Yamato Roa			· · · · · · · · · · · · · · · · · · ·
	Boca Raton, FL	O. Box NOT acceptable)		
				
as changed wil	ess of its registered of lbe identical.	tice and the street ac	ldress of the business o	ffice of its registered agent,
Such change wauthorized by t	as authorized by resol he board, or the corpo	ution duly adopted l ration has been noti	by its board of directors fied in writing of the ch	or by an officer so ange.
_ O'um (Signal	ure of an officer or director)	<u></u>	— Was Die (Printed or type	esel President
I further agree of my duties, ar document is be	to comply with the pro	ovisions of all statut and accept the oblig lect a change in the	agree to act in this cap es relative to the prope ation of my position as registered office addre	acity, rand complete performance registered agent. Or, if this is, I hereby confirm that the
			August 15, 2006	
(S	ignature of Registered Agent)		(Da	te)
If signing on be	ehalf of an entity:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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