500 Australian Avenue South, 9th Floor West Palm Beach, Florida 33401

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Florida Offices

Peter C. Mollengarden, Esq. Direct Dial: (Repl \$20,2872 pmolleng@becker-poliakoff.com

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Administrative Office 3111 Stirling Road Ft. Lauderdale, FL 33312 FL Toll Free: (800) 432-7712

June 25, 2001

Boca Raton*

Clearwater

Ft. Myers

Hollywood Melbourne*

Department of State

Miami

Tallahassee, FL 32301

Naples

Orlando

Port Charlotte*

St. Petersburg

Sarasota

Tallahassee

Tampa

West Palm Beach

· available for consultation by appointment only

CORPORATE RECORDS BUREAU

DIVISION OF CORPORATIONS

P.O. Box 6327

Villa San Remo Homeowners Association, Inc.; Statement of Change of Registered Office or Registered Agent, or Both

Dear Sir/Madam:

RE:

Enclosed please find an executed Statement of Change of Registered Office or Registered Agent form, as well as a check in the amount of \$35.00 to cover the filing fee cost.

International Offices: If you have any questions or require anything further, please do not hesitate to contact me. Thank you in advance for your prompt attention to this matter.

Beijing, People's Republic of China

Prague, Czech Republic

Bern, Switzerland*

Very truly yours,

PETER & MOULENGARDEN For the Firm

PCM/di Enclosures

cc: Board of Directors,

Villa San Remo Homeowners Association, Inc.

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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,
the undersigned corporation organized under the laws of the State of Florido
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: Villa San Remo Homeowners
Association Inc.
2. The mailing address of the corporation: 951 Broken Sound tarkway
Svite 250, Boca Paton, 7L 33487
3. Date of incorporation/qualification: 11/19/86 Document number: N17835
4. The name and address of the current registered agent and office:
Community Association Services
951 Broken Sound Parkway, Sutte 250 8
Boca Ration, 7633487
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Becker + Poliakoff, P.A. Clo Peter Mollengarden, Esq.
500 australian Quenue South, 9th Floor
West Palm Beach, 7233401
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.
Strehard Olivy 6/10/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
Richard Levy Fresident
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Having been named as registered agent and to accept service of process for the above stated corporation, 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
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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