N94000001164

ST. JOHN, DICKER & CAPLAN

SUITE 600

500 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH, FLORIDA 33401

TELEPHONE (561) 655-8994 TELECOPIER (561) 659-0850

DAYID ST. JOHN
EDWARD DICKER
LOUIS CAPLAN
JAMES N, KRIVOK
DAVID A. CORE
TRACY J, LARIMER
DAVID W. WHITE

OF COUNSEL GEORGE SCHWIND, P.A. July 13, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Villa San Remo Condominium II Association, Inc.

FLORI

Dear Sir/Madam:

Enclosed please find the original and one copy of the Statement of Change of Registered Office or Registered Agent, or Both for Corporations regarding the above-captioned Florida corporation. Also enclosed is our check in the amount of \$35.00 for the filing fee.

Thank you.

Very truly yours,

002590701--4 -07/16/98--01061--015 *****35.00 ******35.00

LOUIS CAPLAN
For the Firm

LC/bds Enclosure

> RA. Change. 7-20-98

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 Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The name of the corporation is: 1a.

Villa San Remo Condominium II Association, Inc.

Date of incorporation: 1b.

2.

March 2, 1994 N94000001164

Document number:

The name and address of the present registered agent and office:

Elaine M. Capof

1499 W. Palmetto Park Road

Suite 210

Boca Raton, FL

The name and address of the successor registered agent and office: 3.

Lou Caplan, Esquire

ST. JOHN, DICKER & CAPLAN

500 Clearlake, Suite 600

500 Australian Avenue South

West Palm Beach, Florida 33401

The street address of its registered agent 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 ROBERT S. BLALHER VILL-PRESIDENT/SECRETARY

o authorized by the board

SIGNATURE

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE

egistered Agent)

DATE

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314 **FILING FEE: \$35.00**

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