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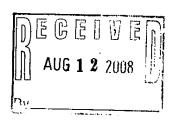
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sapplie Bay Recipeation Association Inc.
DOCUMENT NUMBER: N 94 0000 0 32 8 3
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:
John Stevens (Name of Contact Person)
Stevens & Goldun, P.A. (Firm/Company)
2 South University Drive #210 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{\text{Name of Contact Person}}{\text{(Name of Contact Person)}} \text{at } (\frac{974}{\text{Area Code & Daytime Telephone Number)}}$
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



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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Saphire Bay Kacreation Association, I.
2. The principal office address: 19620 Pines Blvd Suite 205
Pembroke Pines, FL 33029
3. The mailing address (if different): Yo Pines Property Management
P.O. Box 820100 Pembroke lines, F1 33082
4. Date of incorporation/qualification: 1///994 Document number: N940000 328 5
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert Kaye : Associates
6261 NW 6th Way, Suik 103
Ft. Lauderdale FL 33309 80
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 5 tevens + 66/dupn f.A. 2 South University Prive #210 (P.O. Box NOT acceptable) 1/6ntation FL 33324
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.
Wice Water of an officer or director) KATHNYNA. M. Common Preside (Printed or typed name and title)
(Printed or typed name and title) I hereby accept the appointment as registered agent and agree to act in this capacity. 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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