

N 95000000 386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

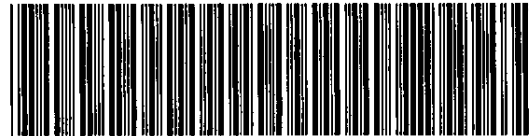
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PA Change

1-8-13

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Estates at Harbor Islands Association
Name of Corporation

DOCUMENT NUMBER: N95000000386

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:

Lisa A. Lerner, Esquire

Name of Contact Person

Siegfried, Rivera, Lerner, De La Torre & Sobel, P.A.

Firm/Company

201 Alhambra Circle, Suite 1102

Address

Coral Gables, FL 33134

City/State and Zip Code

hipoa@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa A. Lerner

Name of Contact Person

at (305) 442-3334

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

1. The name of the corporation: The Estates at Harbor Islands Association, Inc.
2. The principal office address: 980 Harbor Islands Drive, Hollywood, FL 33019

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/5/97 Document number: N95000000386

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Becker & Poliakoff, P.A.

121 Alhambra Plaza, #1000

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKRLD, Inc.


201 Alhambra Circle, Suite 1102

P.O. Box NOT acceptable

Coral Gables, FL 33134

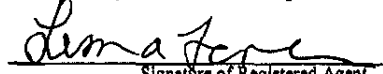
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

James R. Mulcahy, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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

12/20/12
Date

If signing on behalf of an entity:

Lisa A. Lerner

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)