

N9500004620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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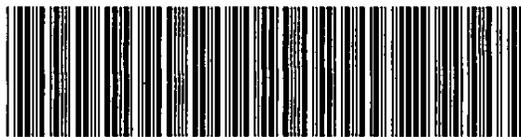
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Harborside at Harbor Islands Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N95000004620

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:

Michelle Belardo  
Name of Contact Person

Harborside at Harbor Islands Association, Inc.  
Firm/Company

980 Harbor Islands Drive  
Address

Hollywood, Fl. 33019  
City/State and Zip Code

HIPOA3@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Belardo at ( 954 ) 454-1662  
Name of Contact Person 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: Harborside at Harbor Islands Association, Inc.

2. The principal office address: 980 Harbor Islands Drive, Hollywood, Florida 33019

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/28/1995 Document number: N95000004620

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)

Peyton & Bolin - Jane F. Bolin, Esq.  
4804 West Commercial Boulevard  
Ft. Lauderdale, Fl. 33319

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

SKRLD, Inc. - Lisa Lerner, Esq.  
201 Alhambra Circle, Suite 1102  
P.O. Box NOT acceptable  
Coral Gables, Fl. 33134

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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.

Carol A. Brown  
Signature of an officer or director

Carol A. Brown, President  
Printed or typed name and title

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.

by Lisa Lerner  
Signature of Registered Agent

9/11/09  
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