

N9600000/226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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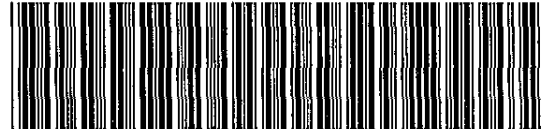
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

RA Change
T. Lewis 5/6/04

ROSEN & EICHNER
ATTORNEYS AT LAW

HARRY M. ROSEN
PAUL D. EICHNER

April 28, 2004

Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Re: ANTIGUA HOMEOWNERS' ASSOCIATION, INC.

Dear Sir:

I enclose a check in the amount of \$35.00 for filing the Statement of Change of Registered Agent to the above-referenced corporation. Please forward notification to my office in the envelope provided.

Very truly yours,

ROSEN & EICHNER, P.A.



PAUL D. EICHNER

PDE:lm

Enc.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of Section 607.0502 or 607.1508, 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.

1. The name of the corporation is ANTIGUA HOMEOWNERS' ASSOCIATION, INC.

1a. Date of incorporation 03/04/96 Document number N96000001226

2. The name and address of the current registered agent and office:

Edward P. Kreiling

2500 Weston Road, Suite 220, Weston, FL 33331

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Harry M. Rosen, Esq.

2500 Weston Road, Suite 220, Weston, FL 33331

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 so authorized by the board.

SIGNATURE

Maria C. Fernandez
(name and title)

PRESIDENT

DATE

9/18/03

Having been named as registered agent and to accept service 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

Harry M. Rosen
(Registered Agent)

DATE

4/28/04

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04 MAY -6 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA