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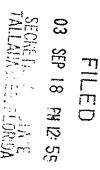
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GELFAND & ARPE, P.A.

ATTORNEYS AT LAW

MICHAEL J. GELFAND* MARY C. ARPE

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* BOARD CERTIFIED REAL ESTATE LAWYER

ONE CLEARLAKE CENTRE 250 SOUTH AUSTRALIAN AVE. SUITE 1010 WEST PALM BEACH, FL 33401-5014

> (561) 655-6224 FACSIMILE (561) 655-1361 www.gelfandarpe.com

BY APPOINTMENT:

COMPSON FINANCIAL CENTER 980 NORTH FEDERAL HIGHWAY SUITE 434 BOCA RATON, FL

REPLY TO WEST PALM BEACH

September 16, 2003

Glenda E. Hood, Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Bristol Lakes Homeowners Association, Inc.

/Registered Agent

Dear Ms. Hood:

Enclosed is Bristol Lakes Homeowners Association, Inc.'s Statement of Change of Registered Office or Registered Agent, or both and the firm's check no. 14037 in the amount of \$35.00 payable to: "State of Florida, Division of Corp."

Please accept these items for filing. Upon receipt, please also confirm with the firm's West Palm Beach office the change of Registered Agent. If you have any questions, then please call me.

Michael J. Welfand

For the Firm

MJG/tf Enclosures

cc:

Bristol Lakes Homeowners

Association, Inc.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 and 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.

- 1. The name of the corporation is: BRISTOL LAKES HOMEOWNERS ASSOCIATION, INC.
- 1a. Date of incorporation August 26, 1996

identical.

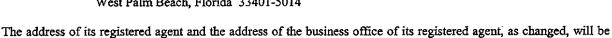
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2. The name and address of the present registered agent and office:

Joel Messinger 951 Broken Sound Parkway, Suite 250 Boca Raton, FL 33487

 The name and address of the successor registered agent and office: (P.O. BOX NOT ACCEPTABLE)

> Michael J. Gelfand, Esquire GELFAND & ARPE, P.A. One Clearlake Centre, Suite 1010 250 South Australian Avenue West Palm Beach, Florida 33401-5014



Such change was authorized by resolution duly adopted by its board of directors.

SIGNATURE ☞ <

(President or Vice President)

DATES Sept. 8 20

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 617.0503 FLORIDA STATUTES.

SIGNATURE

DATE

(Registered Agent)

FILING FEE: \$35.00

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314