## N96000006290

		-E-11
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Di	siness Entity Nar	ma\
(60	isiness citity ivai	11 <b>0</b> )
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	t ming Officer.	
,		
,		

Office Use Only



200098743382

05/01/07--01034--014 \*\*35.00

OT MAY -1 PH 2:21
SECRETARY OF STATE
TALLAHASSEE FOR TALE

P.A. Change G. Coulliste MAY 0 8 2007

## TRANSMITTAL LETTER

то:	FO: Amendment Section Division of Corporations									
cup II	a com.	OCEAN	·. WAY	VILLAS	HOME	OWNERS	' ASS	OCIATIO	N, INC	
20B1	LCI:_	-			(	Name of co	rporatio	on)		
DOCU	MEN	T NUMB	ER:	N96000	00629	0				
The en	closed	Statemen	t of Ch	nange of Re	gistered	Office/Ag	ent and f	fee are subn	nitted for fi	ling.
Please	return	all corres	ponder	ice concern	ing this	matter to th	ne follov	ving:		
				ROBERT	G. H	IARRIS,	ESQ.			
				•		(Name of	erson)			- <del>1   -   -   -   -   -   -   -   -   -   </del>
		L	AW O	FFICE O	F ROB	BERT G.	HARR	IS		
					(Na	me of firm	/compar	ıy)		
		53.	55 T	own Cen	ter R					
_						(Addre	ss)			_
		Во	ca R	aton, F	lorid	la 3348	6		•	
•					(Ci	ty/state and	zip cod	le)		
For fur	ther in	formation	conce	rning this m	atter, pl	lease call:				
Ro	ber	t G. H	arri Name	s, Esq.			at	( 561 (Area co	391 <b>-</b> de & daytii	4900 me telephone number)
Enclose	ed is a	\$35.00 ch	ieck m	ade payable	to the I	Department	of State	<b>:</b> .		
	Ā I F	Mailing Ac Amendmen Division of P.O. Box 65 Callahassee	t Section Corporation	on rations				Divisi 409 E.	Address: dment Section of Corpo Gaines Strassee, FL 3	orations eet

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

change is submitted for	ns of sections 607.0502, 617.0502, 60 a corporation organized under the lav office or registered agent, or both, in t	ws of the State of Florida	es, this statement of in order
1. The name of the corpo	oration: OCEAN WAY VILLA	S HOMEOWNERS' ASSOCIA	TION, INC.
2. The principal office as	ddress: 5355 Town Center	r Road #801	
	Boca Raton, Flor	rida 33486	
3. The mailing address (i	if different): same as a	above	
4. Date of incorporation/	qualification:12/10/1996	Document number: N9600000	6290
	ddress of the current registered agent a	and registered office on file with the	
	Robert G. Harris		
	530 South Federal I	Highway #201	
	Deerfield Beach, Fi	lorida 33441	<del></del>
6. The name and street ac (if changed):	ldress of the new registered agent (if c	changed) and /or registered office	07. MAY -1 SECRETAR' TALLAHASS
<del></del>	5355 Town Center Ro	oad #801	
	(P.O. Box or personal mailbox)		— <u>~</u> ~~~
	Boca Raton, Florida	a_33486	2: 21   TATE   ORIDA
The street address of its changed will be identica	registered office and the street addres	ss of the business office of its regis	tered agent, as
Such change was author the board, or the corpora	ized by resolution duly adopted by it tion has been notified in writing of the	ts board of directors or by an office he change.	r so authorized by
Down (Signature of	an officer or director)	(Printed or typed name and	LARRIY dille)
been notified his writing of	intment as registered agent and agree with the provisions of all statutes rewith and accept the obligation of my lect a change in the registered office of this change.  If Registered Agent)	ee to act in this capacity. elative to the proper and complete proper and complete proper and complete properties. Or, address, I hereby confirm that the confirmation that the conf	performance of my if this document is corporation has
If signing on behalf of a	n entity:		
· .		•	
(Typed or	Printed Name)	(Capacity)	

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