N97000003128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2-22-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLAS I OF THE WATERWAYS AT QUIET WATERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N97000003128

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:

ELLEN CIAMBRIELLO
Name of Contact Person

VILLAS I OF THE WATERWAYS AT QUIET WATERS ASSOCIATION, INC
Firm/Company

1600 WATERWAYS BLVD.
Address

DEERFIELD BEACH, FL 33442
City/State and Zip Code

thewaterwayshoa@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELLEN CIAMBRIELLO at (954) 418-4455
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

CR2E045 (8/05)

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

1. The name of the corporation: VILLAS I OF THE WATERWAYS AT QUIET WATERS ASSOC, INC.
2. The principal office address: 1600 WATERWAYS BLVD. DEERFIELD BEACH, FL 33442
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/02/1997 Document number: N97000003128
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)

ASSOCIATED CORPORATE SERVICES, LLC
c/o SACHS SAX CAPLAN
6111 BROKEN SOUND PKWY NW #200
BOCA RATON, FL 33487

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

LARRY E. SCHNER, P.A.
350 CAMINO GARDENS BLVD, Ste. 202
P.O Box NOT acceptable
BOCA RATON, FL 33432

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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 authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

MARLENE KIMMELMAN, PRESIDENT VILLAS
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.

Signature of Registered Agent P.A.

Feb 16, 2011
Date

If signing on behalf of an entity:

LARRY E. SCHNER
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 (8/05)