

N980000006044



Baker, Brough & Chadrow, P.A.

WESTSIDE CORPORATE CENTER  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FLORIDA 33324

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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: The Pointe Villas Association, Inc.  
2. The principal office address: C/O Alliance Property Systems  
P.O. Box 452199 Fort Lauderdale, FL 33345-2199  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-22-98 Document number: N98000006044

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kaye, Robert  
6261 NW 6th Way Suite #103  
Fort Lauderdale, FL 33309

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

Bakalar, Brough + Chadrow, P.A.  
150 South Pine Island Road # 540  
(P.O. Box or personal mailbox NOT acceptable)  
Plantation, FL 33324-2669

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.

[Signature]  
(Signature of an officer or director)

Richard Fenlon 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.

[Signature]  
(Signature of Registered Agent)

7/30/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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