

P98000048493

Pines Professional Campus at  
Silver Lakes Condo Assoc. Inc.  
Management Company  
17901 NW 5th Street Suite #204  
Pembroke Pines, FL 33029

City/State/Zip

Phone #

200003024312--3  
-10/25/99--01125--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

T. LEWIS NOV 2 1999

Examiner's Initials

**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, 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: Pines Professional Campus at Silver Lakes Condominium Association, Inc.
2. The mailing address of the corporation is: 17901 NW 5th Street, Suite 204 Pembroke Pines, FL 33029
3. Date of incorporation/qualification: 5/29/98 Document number: P98000048493
4. The name and address of the current registered agent and office:  
Leslie A. Rozencwaig  
ROZENCWAIG & ROTH - COURTIN  
one southeast 3rd Avenue, #960  
Miami, FL 33131
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
SIXTA CASTILLO  
17901 NW 5th Street, #204  
Pembroke Pines, FL 33029

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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 so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

10/14/99  
(Date)

SIXTA CASTILLO, PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 of Registered Agent)

10/14/99  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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