725454

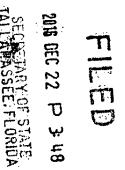
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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

Note: 725454

Name of Corporation

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:

Lou Ann Decker

Name of Contact Person

FirstService Residential

Firm/Company

2870 Scherer Dr N Ste 100

Address

St Petersburg FL 33716

City/State and Zip Code

nfadmin@fsresidential.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lou Ann Decker
Name of Contact Person

at (727) 299-9555 ext 6240
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

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

statement of cha	provisions of sections 607. inge is submitted for a corp r to change its registered o	oration organi	zed under the laws of the	State of	Florida	
1. The name of t	the corporation: Winstor	Park NE 3	300/400 Associatio	n Inc.		
2. The principal	office address: 4715 Ba					
		rsburg, FL				· · -
3. The mailing a	ddress (if different): c/o Fir	stService Resid	ential, 2870 Scherer Dr N	Ste 100,	St. Peter	sburg, FL 3371
4. Date of incorp	poration/qualification: 2/2	2/1973	Document number:	7254	54	
	I street address of the curre tment of State: (If resigned			on file v	vith the	
	Associa Gulf Coas	t Inc			_	
	9887 Fourth Street	North Ste	301		_	
	St Petersburg FL	33702			_	
6. The name and (if changed):	I street address of the new	registered agen	t (if changed) and /or regi	istered o	ffice	
	Lang and Raffa, Pa	Ą		SEC	2015	
	5001 Fourth Street				_ 2권 -	<u> </u>
	Ct Determburg El	P.O. Box NOT a	acceptable	SSEI	22	
	St. Petersburg, FL	33/34		<u> </u>	σ-	
	ess of its registered office be identical.					
Such change wa authorized by th	as authorized by resolution ne board, or the corporatio	n duly adopted n has been noti	by its board of directors ified in writing of the cha	or by an ange.	officer :	so
Und	re of an officer or director	<u> </u>	Vincent Caulfield,			
I turther doree i	the appointment as regist to comply with the provisi my duties, and I am famil is document is being filed that the corporation has b	one of all statu	ies relative to the proper	* and coi	mplete n as reg ce addre	istered ess, I
Sig	nature of Registered Agent		12/06/10 Date	0	<u> </u>	
If signing on be	half of an entity:					
Michal	W F Lang yped 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