Spring Lake 3150 Shorewood Lane Suite #C100 Fort Myers, FL 33907				
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SEP 22 2010

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

statement of chan in order	rovisions of sections 60/.0302, 61/.0302, 60/.1308, or 61/.1308, Fioriaa St ege is submitted for a corporation organized under the laws of the State ofl to change its registered office or registered agent, or both, in the State of Flo	GLOR orida.	I DA	-
1. The name of th	e corporation: SPRINGLAKE COMMUNITY ASSOC.	/A-170-	NI	NC.
2. The principal of	office address: 350 SHOLEWOOD LANE, SUITE C FORT MYERS, FL 33907	-100	 	
	ddress (if different): SAME			<u></u>
4. Date of incorp	oration/qualification: 1/24/1979 Document number: 745	371		
	street address of the current registered agent and registered office on file with ment or State: (11 resigned, enter resigned)	the		
	P.F.RED BIERY 3150 SHOREWOOD LINE SUITE C100			
	FORT MYERS, IZL 33907 street address of the new registered agent (if changed) and /or registered office DAMON H. Seyer 3150 SHOREWOOD LANC C-10-0 P.O. Box NOT acceptable	SECRE	2010 SEP	1 Married - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	ASSEE	22	
	DAMON H. Seyer	OF SI	PH 12: 4:	
,	3150 SHOREWOOD LAVE C-100	DR E	\$. +3	
	3150 SHOREWOOD LAVE C-10-0 P.O. Box NOT acceptable FORF MYERS, FL 33907	t pa	w	
The street addre	ss of its registered office and the street address of the business office of its	register	ed ager	nt,
_	s authorized by resolution duly adopted by its board of directors or by an e board, or the corporation has been notified in writing of the change.	officer s	0	
	e of an officer or director Printed or typed name and titl			
I hereby accept I further agree t of my duties, and document is beil corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and com d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	plete pe l agent. y confiri	rforma Or, if t m that t	nce his he
Hamo	mature of Register When Date		 	_
If signing on be	half of an entity:			
Ту	V/A vped of 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)