## 746931

| (Re                       | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| - (Add                    | dress)            |             |
| (Add                      | dress)            | <u> </u>    |
| (Cit                      | y/State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT              | MAIL        |
| (Bu                       | siness Entity Nar | me)         |
| (Do                       | cument Number)    |             |
| Certified Coples          | Certificates      | s of Status |
| Special Instructions to I | Filling Officer:  |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |

Office Use Only

RA. OB



200021838362

07/30/03--01015--006 \*\*35.00

D3 JUL 30 PM 2: 56

## TRANSMITTAL LETTER

| Division of Corporations   |
|--|
| SUBJECT: Moultrie Trails Homeowners Association Inc. (Name of corporation)   |
| DOCUMENT NUMBER: 746 93 1  |
| 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:  |
| Jan Herren (Name of person)  |
| The Neighborhood Managers, Inc. (Name of firm/company)   |
| 79 Masters Drive<br>(Address)  |
| St. Augustine FL 32084<br>(City/state and zip code)  |
| For further information concerning this matter, please call:   |
| Tan Herren at (904) 794-4373 (Name of person) at (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 409 E. Gaines Street Tallahassee, FL 32399 |

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

| Pursuant to the   | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,   |
|---|---|
| this statement of   | 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: Mouthrie Trails Homeowners Association Inc   |
| 2. The principal  | l office address: 79 Masters Drive  |
| <del></del>   | St. Augustine FL 32084  |
| 3. The mailing  | address (if different): 79 Masters Drive  |
|   | St. Augustine FL 32084  |
| 4. Date of incor  | poration/qualification: 4/27/1979 Document number: 746 931  |
|   | d street address of the current registered agent and registered office on file with the rtment of State:  |
|   | Due Williams  |
|   | 906 Redbyd Trail  |
|   | St. Augustine Fr 32086  |
| 6. The name ar changed):  | and street address of the new registered agent (if changed) and /or registered office (if   |
| omingou).   | Janice L. Herren To The Neighbor hood Managers, Inc   |
|   | 79 Masters Drive (P.O. Box or personal mailbox NOT acceptable)  |
|   | St. Augustine FL 32084  |
| The street addreagent, as change  | ess of its registered office and the street address of the business office of its registered ed will be identical.  |
| Such change wa<br>authorized by the   | as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.   |
| · <i>F</i>  | chairman or vice chairman of the board)  Scott m Bantosch - Phésipent  (Printed or typed name and title)  |
| I hereby accept<br>I further agree of<br>performance of<br>registered agen<br>office address, | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as t. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change. |
|   | ignature of Registered Agent) (Date)  |
| If signing on behal   |   |
| (7)   | Typed or Printed Name) (Capacity)   |
| •   | - · · · · · · · · · · · · · · · · · · ·   |