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COVER LETTER

TO: Amendme Division o	nt Section f Corporations					
SUBJECT: Vi	llas of Bonnie Bay Homed Name of C	owners Association, Inc.				
DOCUMENT NU	MBER:	748613				
The enclosed State	ement of Change of Registered Office	e/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Rober	t Scott				
	Name of Co	ntact Person				
Alliance Property Management Solutions, LLC Firm/Company						
	rirm/C	ompany				
	12900 Indian Bo	oko Bood, Suito 1				
		ress				
Largo Florida 33774						
Largo, Florida 33774 City/State and Zip Code						
Pohort coatt@onmomail.com						
Robert.scott@apmsmail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Robert Scott	727 260 5200				
Nar	me of Contact Person	at (727) 269-5200 Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	00 check made payable to the Depar	tment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
	-	Tallahassee, FL 32301				

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

			607.1508, or 617.1508, Florida S d under the laws of the State of <u>I</u>	
			d agent, or both, in the State of F	
1. The name of	the corporation: Villas	of Bonnie Bay	y Homeowners Associ	ation, Inc.
2. The principal	office address: C/O Alli	ance Property I	Management Solutions, Ll	_C
12800 Ind	ian Rocks Road, Sui	te 1		
3. The mailing a	address (if different): <u>C/C</u>	Alliance Prope	erty Management Solution	s, LLC
PO Box	36 - Largo, Florida 3	3779-0036		
4. Date of incor	poration/qualification:	8/23/1979	Document number:	748613
	d street address of the curr rtment of State: (If resigne		t and registered office on file wit	th the
	WILLIAM F. MCGC	EY		
	6456 BONNIE BAY	CIRCLE		_
	PINELLAS PARK F	L 33781-4811		- 0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Robert Scott 12800 Indian Rocks Road, Suite 1 P.O. Box NOT acceptable Largo, Florida 33774				
	Robert Scott			27 036
12800 Indian Rocks Road, Suite 1				
P.O. Box NOT acceptable				
	Largo, Florida 3377	4		- w
The street address changed will	ess of its registered office be identical.	e and the street add	fress of the business office of it	s registered agent,
Such change wauthorized by t	as authorized by resolution the board, or the corporation	on duly adopted by on has been notifi	its board of directors or by an ed in writing of the change.	officer so
South	re of an officer of director		Sandra K. Berger - P	President
of my duties, at document is be	the appointment as reginated to comply with the provised I am familiar with and institute merety to reflect them potified in writing	accept the obligate a change in the re	gree to act in this capacity. s relative to the proper and com tion of my position as registered egistered office address, I hereb	aplete performance d agent. Or, if this by confirm that the
- Tw	majure of Registered Agent		2/21/2012 Date	
	chalf of an entity:			
	Robert Scott			
Ť	yped or Printed Name			

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