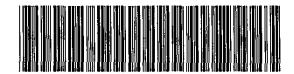
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COVER LETTER

| Division of Corporations |
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| SUBJECT: COUNTRY CLUB CONDOMINIUM ASSOCIATION Name of Corporation |
| DOCUMENT NUMBER: 75/337 |
| 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: JULIE DODGE-PROWN Name of Contact Person COUNTRY CLUB CONDOMINIQM ASSN. Firm/Company GODGE SAND MINIQUE BB Address SANTA ROSA DEACH, FL 325949 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Julie Dodge-Prown at (850) 217-1956 Name of Contact Person 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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement 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: COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC. 2. The principal office address: COUNTRY CLUB DRIVE, NEEMLE, FZ |
| 2. The principal office address: COUNTRY CLUB DRIVE, NEWLE, FZ |
| 3. The mailing address (if different): P.O. Box 243 NICEVIFE, FL 32588-0243 |
| 4. Date of incorporation/qualification: 03/03/1980 Document number: 75/337 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| LEIGH ANNE LIMOUSIN |
| 518 SPRINGACRES COVE |
| MICEVILLE, FL 32578 (RESIGNED) |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ULIE DODGE- BROWN |
| 90 SPIRES LANE UNIT 8B P.O. BOX NOT acceptable SANTA ROSA BEACH, FL32549 |
| 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, or the corporation has been notified in writing of the change |
| Warned TEPAEAS Signature of an expriser of director Printed or typed name and title PRESIDENT |
| I hereby accept the appointment as registered agent and agree to act in this capacity of the provisions of all statutes relative to the proper analytical performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered agest, I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent If signing on behalf of an entity: |
| Typed or Printed Name |

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