## 754094

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
•
·

Office Use Only



200116309422



02/04/08--01016--021 \*\*35.00

\*\*35.UL

FILE U
2008 FEB -4 AM 10: 31
SECRETARY OF STATE
SECRETARY OF STATE

RAChange Tlewis 2/6/08

## **COVER LETTER**

Amendment Section .

Division of Corporations
SUBJECT: HANDVER LANDINGS A CONDOMINIUM, INC. (Name of Corporation)
DOCUMENT NUMBER: 754094
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:
(Name of Contact Person)
NEW-HEART COMMUNITY MANAGEMEN (Firm/Company)
2706 ALT US 19 N SUITE 215 (Address)
PALM HARBOR, Fl. 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (721) 184-3a25 (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.
1. The name of the corporation: HANDVER LANDINGS A CONDOMINIUM, TNC.
2. The principal office address: C/D NEW-HEART COMMUNITY MGT
2706 ALT US 19 N, SUITE 215
3. The mailing address (if different): PALM HARBOR, FL. 3468.3
4. Date of incorporation/qualification: 9/9/1980 Document number: 754094
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BROWN MARTORIE
32708 US 19 N
PALM HARBOR, FL. 34683
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
WINFRED ELLENWOOD GO NEW-HEART COMMUNITY
WINFRED ELLENWOOD GO NEW-HEART COMMUNITY  2706 U.S. 19 N, SUITE 2/5  (P.O. BOX NOT acceptable)
PALM HARBOR FL. 34683
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.
(Signature of an officer or director)  TON MEAD PRESIDENT (Printed or typed name and little)
Thereby accept the appointment as registered agent and agree to act in this capacity.  Untilier agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, 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 office address, I hereby confirm that the corporation has been notified in writing of this change.
Michael Ellew 1/05/08 (Bignature of Registered Agent) (Date)
If signing on behalf of an entity:
WINFRED ELLENWOOD

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314