757409

(Requestor's Name)
JIM & GINNY SEIBERT 320 ISABELLA DR LONGWOOD, FL 32750
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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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, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida.	
1. The name of the corporation: <u>Columbus Harbour Hemeowners</u> ASSOC! F	TIUN
INC	
2. The mailing address of the corporation: 10. Box 520268	:**: :
LONGWOOD FL. 32752-0268	
3. Date of incorporation/qualification: FFB 3, 798/ Document number: 757409	
4. The name and address of the current registered agent and registered office:	
N/O	
	5. L.L
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5. The name and address of the new registered agent (if changed) and /or registered office (if changed): (P.O. Box NOT Acceptable)	
TAYKON & CARLS, P.A.	ח
850 CONCOUNSE IKWV SO	~~~
MAITLAND FL 32751-6145 FO N	j
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.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	† ₹
JAMES R. SEIBERT PRESIDENT	· •
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated	
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	
2/56M (9/ 7/21/03	1
(Signature of Register of Agent)	
If signing on behalf of an entity: Robert L. Taylor — Uttorney	
(Typed or Printed Name) (Capacity)	

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