

762601

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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, 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: CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC
 2. The principal office address: 2450 N CITRUS HILLS BLVD
HERNANDO, FL 34442
 3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 3/26/82 Document number: 762601

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALVAH L. COX, JR., CPA, P.A.
2424, N ESSEX AVE
HERNANDO, FL 34442

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOSEPH & COMPANY CPA'S, INC.
MICHAEL TRINGALI
2450 N CITRUS HILLS BLVD
(P.O. Box or personal mailbox NOT acceptable)
HERNANDO, FL 34442

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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.

Michael Tringali (Signature of an officer, chairman or vice chairman of the board) _____ (Printed or typed name and title)

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. 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 Tringali (Signature of Registered Agent) _____ (Date) JULY 28, 2003

If signing on behalf of an entity:

MICHAEL TRINGALI (Typed or Printed Name) _____ REGISTERED AGENT (Capacity)

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

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