765648

2				
	(Requestor's Name)			
<u></u>	(Address)			
	(Address)			
	(City/State/Zip/Phone #	/)		
PICK-UF	P WAIT	MAIL		
<u> </u>	(Business Entity Name	<u> </u>		
(Document Number)				
Certified Coples	Certificates of	of Status		
Special Instructions	s to Filing Officer:			
		!		
		:		
		į		
				

Office Use Only



000027250750

01/21/04--01076--005 **35.00

O4 JAN 21 PM 2: 48
SECRETARY OF STATE
SECRETARY OF STATE

JAN 2 7 2004

TRANSMITTAL LETTER

Division of Corporations	
NATION AND SHANGO HOMEOMANDONA	OOOGIATION ING
SUBJECT: WESTLAKE MANOR HOMEOWNERS' A	corporation)
(Name of A	.orporation)
DOCUMENT NUMBER: 765648	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
ANTHONY GUADAGNINO	
(Name o	r person)
PRESIDENTIAL GROUP SOUTH, INC.	
(Name of fir	m/company)
135 W. PINEVIEW STREET	
(Add	ress)
ALTAMONTE SPRINGS, FL 32714	
(City/state a	nd zip code)
For further information concerning this matter, please call:	
To raide information concerning his matter, prease can	
ANTHONY GUADAGNINO	at (_407) 682-3355 EXT. 107
(Name of person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departme	nt of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

CR2E045(09/03)

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

change is submi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes itted for a corporation organized under the laws of the State of FLORIDA gistered office or registered agent, or both, in the State of Florida.	s, this sta		it of order
1. The name of	the corporation: WESTLAKE MANOR HOMEOWNERS ASSOCIATION, INC.			
2. The principal	office address: 135 W. PINEVIEW STREET, ALTAMONTE SPRINGS, FL 327	14	·····	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/02/82 Document number: 765648			
	d street address of the current registered agent and registered office on file with the rtment of State:			
	MARILYN CAMPBELL			
	190 N. WESTMONTE DRIVE. SUITE 100	Z¥ R¥	20	
	ALTAMONTE SPRINGS, FL 32714		04 JAN 2	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ARY OF S ASSEE, FI	I PH	FILED
	PRESIDENTIAL GROUP SOUTH, INC.	ORIO TATE	2: 48	
	135 W. PINEVIEW STREET (P.O. Box or personal mailbox NOT acceptable)	<u>~</u>	w.	
	ALTAMONTE SPRINGS, FL 32714			
The street addrechanged will be	ess of its registered office and the street address of the business office of its registered.	tered ag	ent, as	3
Such change wa	as authorized by resolution duly adopted by its board of directors or by an office ecoporation has been notified in wiging of the change.	r so auth	orize	d by
	Signature of an officer or officeror of Story (Printed or typed name un			
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of my position as registered agent. Or ely to reflect a change in the registered office address, I hereby confirm that the writing of this change.		ance o ocume tion h	of my ent is as
	(Signature of Registered regent) (Date)	· · · · · · · · · · · · · · · · · · ·		
If signing on be	chalf of an entity:	.	· · · · ·	

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