

100000000423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Island Club West Homeowner's Assoc., Inc.
Name of Corporation

DOCUMENT NUMBER: N00000000423

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:

Donnie Martinez
Name of Contact Person

Blue Water Community Management, LLC
Firm/Company

2021 13th Street
Address

Saint Cloud, FL 34769
City/State and Zip Code

donnie@bluewatercommunitymanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Al Bowman at (407) 343-0809 ext. 104
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

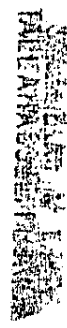
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Island Club West Homeowner's Assoc., Inc.
- 2. The principal office address: c/o Blue Water Community Management
2021 13th Street, Saint Cloud, FL 34769
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 01/14/2000 Document number: N00000000423
- 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)

MID-FLORIDA PROPERTY PROFESSIONALS, INC.
112 POLO PARK EAST BLVD
DAVENPORT, FL 33897

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

BLUE WATER COMMUNITY MANAGEMENT, LLC
2021 13TH STREET
P.O. Box NOT acceptable
SAINT CLOUD, FL 34769



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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.

Nazem A Saroya
Signature of an officer or director

NAZEM SAROYA, PRESIDENT
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.

[Signature]
Signature of Registered Agent

5/4/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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