

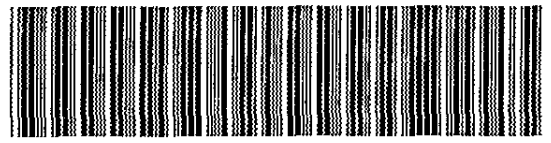
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SECRETARY OF
DIVISION OF
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**CHARLES
RINEK
CONSTRUCTION
INC**

PO Box 352502 · Palm Coast

PICK-UP Florida 32135-2502



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03/10/03--0103--003 **35.00

(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 Florida 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: Cypress Point Park Condominium Association INC.
- 2. The mailing address of the corporation: 50 Cypress Point Parkway Suite Palm Coast Florida 32164
- 3. Date of incorporation/qualification: 1/24/2000 Document number ND00000000590
- 4. The name and address of the current registered agent and office:

Myron Stevens
415 Pineda Court
Melbourne FL 32941-1389

- 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Charles Rinek
50 Cypress Point Parkway Suite
Palm Coast Florida 32164

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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.

[Signature] _____ (Date)

(Signature of an officer, chairman or vice chairman of the board)

(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.

[Signature] _____ (Date)

(Signature of Registered Agent)

If signing on behalf of an entity:
CHARLES O RINEK _____ (Capacity)
(Typed or Printed Name)

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