Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : TAYLOR WOODROW COMMUNITIES

Account Number : I20000000218 Phone : (727)563-9882 Fax Number

: (727)563-9674

REGISTERED AGENT CHANGE

MIRASOL CLUB, INC.

Certificate of Status	0
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Corporate Filing

Public Access Help.

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

		, 607.1508, or 617.1508, Florida Statutes, th	_
	itted for a corporation organized under the gistered office or registered agent, or both,		in order
_	the corporation: Mirasol Club, Inc.		
2. The principa	office address: 8430 Enterprise Circle,	Suite 100, Bradenton, FL 84202-4108	
3. The mailing	address (if different): 8480 Enterprise Ci	rcle, Suite 100, Bradenton, FL 84202-41	08
4. Date of inco	poration/qualification: 03/28/00	Document number: N00000002027	
	d street address of the current registered agartment of State:	ent and registered office on file with the	
	Keith E. Bass	<u>.</u>	34
	8430 Enterprise Circle, Suite 100, Bradenton, FL 34202-4108		03 NOV 20 PM
		.)	555
6. The name ar (if changed):	d street address of the new registered agent	(if changed) and /or registered office	E 5197
	Marc I. Spencer		JAK .
	877 Executive Center Drive W., Suite (P.O. Rox or personal in		
The street addi	ress of its registered office and the street a	address of the business office of its register	ed agent, as
Such change withe board, or if	res authorized by resolution duly adopted ne comportion has been notified in writing	by its board of directors or by an officer so g of the change.	authorized by
	Shearante of an officer or directors	Craig A. Perna, President	
I hereby accept further agreed duties, and I a being filed met been notified it.	the appointment as registered agent and to comply with the provisions of all statum familiar with and accept the obligation rely to reflect a change in the registered of writing of this change.	l agree to act in this capacity, tes relative to the proper and complete per of my position as registered agent. Or, if ffice address, I hereby confirm that the co	
Mu		11.30.Q	} .
***	(Signature of Registered Agent)	(Date)	,
ii signing on b	ehalf of an entity:		
	(Typed or Printed Name)	(Capacity)	

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