(Req	uestor's Name)			
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COVER LETTER

Division of Corporations						
SUBJECT:We	est Hampton Homeowners' Asso (Name of Co					
DOCUMENT NUMBER: N01000005219						
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:						
	Denise Schek					
(Name of Contact Person)						
Greenacre Properties, Inc.						
	(Firm/Cor	npany)				
	4131 Gunn Hwy					
(Address)						
	Tampa, FL 33618 (City/State and	17: Codo				
Fra Control in C	•					
For further inforn	nation concerning this matter, please ca	iii:				
Francis E. Friscia at (813) 289-8800 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
(N	lame 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

statement of cha	nge is submitted fo	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Bor a corporation organized under the laws of the State of _ istered office or registered agent, or both, in the State of F	FLORIDA
1. The name of t	he corporation:	West Hampton Homeowners' Association	, Inc.
2. The principal	office address:	4131 Gunn Hwy	
·		Tampa, FL 33618	
3. The mailing a	ddress (if different):_Same	
4. Date of incorp	ooration/qualificati	on: 7/20/01 Document number: _N01000)005219
	street address of the street of State:	he current registered agent and registered office on file wi	th the
		Steven Meder	_
		220 S. Franklin St.	-
		Tampa, FL 33601	_
6. The name and (if changed):	street address of the	he new registered agent (if changed) and /or registered off	SEC O6
		Francis E. Friscia	器复工
	c/o 500 N	N. Westshore Blvd. Suite 830 (P.O. Box NOT acceptable)	-7 PM -7 PM ARY-OF ASSEE F
	Tampa,	FL 33609	FLO FLO
The street addre as changed will	ss of its registered be identical.	d office and the street address of the business office of it	s Estatered agent,
Such change wa authorized by th	s authorized by re	esolution duly adopted by its board of directors or by an imporation has been notified in writing of the change.	officer so
Muchilli (Signatu	Aufut e of an object or directo	Michelle Lampert, Pre	<u>sident/Direc</u> tor
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment a o comply with the d I am familiar wi ng filed merely to been notified in w	is registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and con it and accept the obligation of my position as registere reflect a change in the registered office address, I here writing of this change.	aplete performance d agent. Or, if this by confirm that the
Mul	M	ent) June 1, 200 h	
	nature of Registered Age	(Date)	
If signing on bel	• • •		
<u> </u>	FRISCIA yped or Printed Name)		
{1}	yporor crinica ivalue)		

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