

N02 000002967

(Requestor's Name)

Delma Goulbourne
Spyglass homeowners Assn
P.O. Box 2319
New Smyrna Beach, FL 32169

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

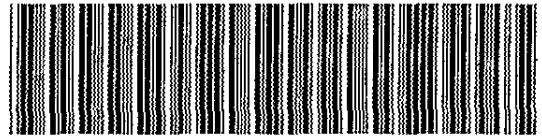
(Document Number)

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AUTHORIZATION BY PHONE TO
CONTACT Name of Corp.
DATE 5/6/03
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PA Change

05/06/03

DC

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: SPYGLASS HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: PO BOX 2319
NEW SMYRNA BEACH, FL 32169

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: APRIL 15, 2002 Document number: NO 2000002967

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BIERNACKI, RAYMOND A. JR
223 S. WOODLAND BLVD.
DELAND, FL 32720

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

RICHARD W. TAYLOR, ESQUIRE
112 N. FLORIDA AVE
(P.O. Box or personal mailbox NOT acceptable)
DELAND FL 32720

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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.

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

DELMA GOULBOURNE, CHAIRPERSON
(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.

1256
(Signature of Registered Agent)

28. Apr 03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314