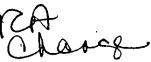
NO2946

(Red	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phon	e #)
PICK-UP	₩AIT	MAIL
(Bus	siness Entity Nar	ne)
. (Doc	cument Number)	
Certified Copies		
Special Instructions to F	Filing Officer:	

Office Use Only



000159332110



08/24/09--01013--021 **35.00



8/25/09

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Sandle beath Condominium Association, Inc. Name of Corporation			
DOCUMENT NUMBER: NO 3946			
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:			
Name of Contact Person			
LIGHTHOUSE PROPERTY MANAGEMENT Firm/Company			
LIG CHURCH ST Address			
OSPREY FL 34229 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (941) 966-6844 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 thange 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: Sandle heath Condominum Association, Loc 2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
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)
PROGRESSIVE COMMUNITY MEMT.
1801 GLENGARY STREET, FL 1 EM &
SARASCTA, FL 34231-3637
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Eric Steinberg
3386 Sandle heath P.O. Box NOT acceptable
Sarasona Fl 34235
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.
ERIC Steinberg Treasurer Signature of an object or director Printed or typed name and litle
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.
En. 19/09
biginate of Registered Agent Date
If signing on behalf of an entity:
ERIC Steinberg, Treasurer

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