

N03000008307

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
NORTHTON GROVE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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Page Count	02
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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, 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: NORTHTON GROVE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 4902 EISENHOWER BLVD SUITE 216 TAMPA FL 33634
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/25/2003 Document number: N03000008307
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)

REALMANAGE LLC
4902 EISENHOWER BLVD., SUITE 216
TAMPA FL 33634 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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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.

 _____
Signature of an officer or director Printed or typed name and title
Kimberly Baggett, Secretary

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.

By: CT Corporation System _____ 2/2/2012
 _____
Signature of Registered Agent Date

If signing on behalf of an entity:
Kimberly Baggett, Assistant Secretary
Typed or Printed Name

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

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