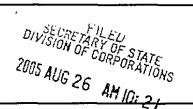
## N03000008801



(Requestor's Name)  (Address)	Of	900058821979	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)			
(Document Number)  Certified Copies Certificates of Status		08/26/0501821005 **35.80	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SOUTH TOWN RESERVE ASSOC, INC. (Name of corporation)
DOCUMENT NUMBER: NO3000008801
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:
RAYMOND J, CRONIN (Name of contact person)
CONDORNING ALLIANCE MNGT. CORP (Firm/Company)
218 E. BEARSS AVE # 241
TAMOR FL. 33613-1625 (City/state and zip code)
For further information concerning this matter, please call:
RAYMOND J. CRONIN at (\$13) 9356633 (Name of contact person) (Area code & daytime telephone number)
(Name of contact person) (Area code & daytime telephone number)  Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## 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 Hollof in order to change its registered office or registered agent, or both, in the State of Florida.	<u>~</u>
1. The name of the corporation: SOUTH TOWN KESERVE ASSOC., INC	
2. The principal office address: 218 E. Bears AVE # 241	
TAMPA, FURIDA 33613-1625	<del></del>
3. The mailing address (if different): SAME	
•	
4. Date of incorporation/qualification: 10 9 03 Document number: N03000088	0
5. The name and street address of the current registered agent and registered office on file with the	
Florida Department of State:	2 :
JAMES JUDITH L	65
325 SOUTH BLYD.	AUG
	2005 AUG 26
Tampa Horida 33606	
6. The name and street address of the new registered agent (if changed) and /or registered office	AM 10: 2
(if changed): CONDOMINION ALLIANCE MINGT. CORP.	2
218 E BEARSS AVE	
TAMPA FL 33613-1625	
(P.O. Box NOT acceptable)	
The street address of its action of the state of the stat	•
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent,
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.	
	1
(Signature of an officer or director)  (Printed or typed name and title)	est
· · · · · · · · · · · · · · · · · · ·	
thereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if it is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified inswriting of this change.	ance Cthis
corporation has been notified in writing of this change.	ine
Manney 1/1 1 1 1 1 2005	
(Signature of Registered Agent) (Date)	<del></del> .
f signing on behalf of an entity:	
RAYMOND I COME	
[SAYMOND J. CRONIN (Typed or Printed Name)	

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