

NO4000011436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

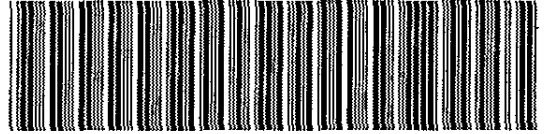
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE SOUTHRIDGE POINTE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000011436

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES ELLIS
(Name of Person)

THE SOUTHRIDGE POINTE HOMEOWNERS ASS
(Name of Firm/Company)

5850 T.G. LEE BOULEVARD, SUITE 600
(Address)

ORLANDO, FLORIDA 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES ELLIS at (407) 850-5200
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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: THE SOUTHRIDGE POINTE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 7200 LAKE ELLENOR DRIVE, ORLANDO, FL 32809
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/8/04 Document number: N04000011436

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

JAMES W. HART, JR./SENTRY MANAGEMENT INC.
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

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

JAMES ELIAS/THE SOUTHRIDGE POINTE HOMEOWNERS ASSOCIATION, INC.
5850 T.G. LEE BOULEVARD, SUITE 600
(P.O. Box NOT acceptable)
ORLANDO, FL 32822

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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]
(Signature of an officer or director)

LOUIS P. SHASTAN D/P
(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.

[Signature]
(Signature of Registered Agent)

28 Aug 2006
(Date)

If signing on behalf of an entity:
James Elias
(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
CR2E045 (8/05)