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August 29, 2006

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Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Southridge Pointe Homeowners Association, Inc.

The Woods at Southridge Homeowners Association, Inc.

## Dear Sir:

Enclosed are the following documents to be filed with the Division of Corporations for Southridge Pointe Homeowners Association, Inc. and The Woods at Southridge Homeowners Association, Inc.

- 1. Cover Letter;
- Statement of Change of Registered Office or Registered Agent;
- Officer/Director Resignation for a Corporation Shannon Barrows;
- 4. Officer/Director Resignation for a Corporation Anthony P. Martin;
- 5. Officer/Director Resignation for a Corporation Louis P. Shassian.

There are enclosed \$35.00 checks for filing each document. If you have any questions, please do not hesitate to call me.

Very sincerely yours,

Paul N. Mascia

PNM/jsl Enclosures

cc: Mr. Jim Ellis (w/enclosures)

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| SUBJECT: THE WOODS AT SOUTHRIDGE HOMEOWNERS ASSOCIATION (Name of Corporation)   | ۱, INC.    |
|---|------------|
| DOCUMENT NUMBER: N04000011459   |            |
| 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:   |            |
| JAMES ELLIS (Name of Contact Person)  |            |
| (Name of Comact Person)   |            |
| THE WOODS AT SOUTHRIDGE HOMEOWNERS ASSOCIATION, INC. (Firm/Company)   |            |
| 5850 T.G. LEE BOULEVARD, SUITE 600 (Address)  |            |
| ORLANDO, FL 32822 (City/State and Zip Code)   |            |
| For further information concerning this matter, please call:  |            |
| JAMES ELLIS at ( 407 ) 850-5200 (Name of Contact Person) (Area Code & Daytime Telephone Number  | <i>र</i> } |
| 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 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 WOODS AT SOUTHRIDGE HOMEOWNERS ASSOCIATION, IN   |
| 2. The principal office address: 2180 WEST SR 434, SUITE 5000, LONGWOOD, FL 32779  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 12/8/04 Document number: N04000011459  |
| 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 ELLIS/THE WOODS AT SOUTHRIDGE HOMEOWNERS ASSOCIATION, INC.  |
| 5850 T.G. LEE BOULEVARD, SUITE 600  (P.O Box NOT acceptable)  ORLANDO, FL 32822  |
| 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 brand or the corporation has been notified in writing of the change.   |
| (Signature of an officer or director)  L. R. SHASSIAN YD  (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 of Registered Agent)  22 // (Date)  |
| If signing on behalf of an entity:   |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR26045 (8/05)