N04648

(Commetare Name) GOLDSTAR MANAGEMENT COMPANY 2435 U.S. Highway 19, Suite 270 Holiday, FL 34691 (Muuitaa) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status _ Certified Copies ___ Special Instructions to Filing Officer: Office Use Only



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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, the
undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: Huntington Homeowners Association of
Pirellas County, Inc.
2. The mailing address of the corporation: 4151 would from Poly Poly Horbert 5768 Clo Goldstar Mgmt Co 2435 US they 19 5th 270 Holiday, FL 34691 (recu)
3. Date of incorporation/qualification: 8-9-84 Document number: No 4648
4. The name and address of the current registered agent and registered office:
Maureen C. Reardon
Palm Harbor FI 34685
5. The name and address of the new registered agent (if changed) and /or registered office (if changed).
Jeffrey A. Um
2435 US 19 Ste. 270
Holiday FL 34691
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Ken Monroe, Kresident (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Date)
If signing on behalf of an entity:
If signing on behalf of an entity: Teffrey Um (Typed or Printed Name) Printed Name) Capacity)
(1 yped or Printed Name) (Capacity)

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