1050004918

| (Requestor's Name) | | | |
|--------------------------------------|--|--|--|
| • (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| ed Copies Certificates of Status | | | |
| cial Instructions to Filing Officer: | | | |
| , | | | |
| Office Use Only | | | |



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2008 DEC 10 PM 4: 26

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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: EVERWOOD HOMEOWNERS ASSOCIATION, INC. (Name of Corporation) | | | | |
|---|--|--|--|--|
| OCUMENT NUMBER: N05000004918 | | | | |
| 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: | | | | |
| EDDY G. HAUER, III (Name of Contact Person) | | | | |
| Riverside Property Management, Inc. (Firm/Company) | | | | |
| P.O. Box 7692 (Address) | | | | |
| Tampa, FL 33673-7692 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| EDDY G. HAUER, III at (813) 924-4444 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | | |
| 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 Stat | tutes, this | |
|--|--|---|----------------|
| - | ange is submitted for a corporation organized under the laws of the State of FL | | |
| in orde | er to change its registered office or registered agent, or both, in the State of Flor | rida. | |
| 1. The name of t | the corporation: EVERWOOD HOMEOWNERS ASSOCIATION, IN | 1C. | |
| | office address: R.O. Box 7692, Tampa, FL 33673-7692 N. Riverside Drive, Tampa, FL 33603- | 3312 | |
| 3. The mailing a | address (if different): P.O. Box 7692, Tampa, FL | 33673-7 | <u> 7692</u> |
| 4. Date of incorp | poration/qualification: 5/11/2005 Document number: N050000 | 04918 | |
| | d street address of the current registered agent and registered office on file with trument of State: (If resigned, enter resigned) | he | |
| | REALMANAGE | | ř |
| | 550 N. REO STREET, SUITE 300 | 2008 TALL | not control of |
| | TAMPA, FL 33506 | ZOOR DEC 10 SECRETAR | ****** |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | TOP THE | ED |
| | RICHARD R. KOSAN, ESQ. | FLORIT | |
| | 112 West Windhorst Rd. | IDA I | |
| | (P.O. Box NOT acceptable) | | |
| | Brandon, FL 33510 | | |
| The street address changed will | ess of its registered office and the street address of the business office of its rebe identical. | egistered agent, | |
| Such change wa authorized by the | as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. | ficer so | |
| (Signat) | JENNIFER TRIOCHE, PR (Printed or typed name and title) | | |
| I harabu accont | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered aing filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change. | ete performance igent. Or, if this confirm that the | |
| ************************************** | 11-19-08 | | |
| (Sig | gnature of Registered Agent) (Date) | · · · · · · · · · · · · · · · · · · · | |
| If signing on be | chalf of an entity: | | |
| | O HOMEOWNERS ASSOCIAT Typed or Printed Name) | | |

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