## 105000011285

(Requestor's Name)
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Miller John

## **COVER LETTER**

Division o	f Corporations				
SUBJECT:	OLD TAMPA ESTATES HOMEOU	JNERS ASSOCIATION, INC.			
SODODO I	(Name of Co	orporation)			
DOCUMENT NU	MBER: N05000011285				
The enclosed State	ment of Change of Registered Office	Agent and fee are submitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:			
	Matthew Kluding (Name of Con	tact Person)			
_	Liberty Savings Ba				
•	(Firm/Co	npany)			
	1800 Second Stree	et, #k04			
_	(Addre	ess)			
	Sarasota, FL 34236				
<del></del>	(City/State and	I Zip Code)			
For further informa	tion concerning this matter, please ca	ill:			
E. Rai	lph Tirabassi	at ( 941 ) 957-1900			
(Na	me of Contact Person)	at ( 941 ) 957-1900 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.0	0 check made payable to the Departm	nent 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			

TO: Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	nized under the laws of the State of	Florida
1. The name of t	the corporation: OLD TAMPA ESTA	TES HOMEOWNERS ASSOCIAT	CION, INC.
2. The principal	office address: 1850 Porter Lak	es Drive, Suite 109	
	Sarasota, FL 3	4240	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/4/05	Document number: <u>N0500</u>	0011285
5. The name and Florida Depar	istreet address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file wid)	ith the
	RESIGNED	· <del>-</del> · · · ·	_
			08 NOV -7
6. The name and (if changed):	street address of the new registered agen	at (if changed) and /or registered of	PR 1:2
	1800 Second Street, #1.0 (P.O. Box NOT acceptable) Sarasota, FL 34236		- ਤੁੱਜ <b>ਲੱ</b> - -
The street address as changed will	ss of its registered office and the street to be identical.	address of the business office of it	s registered agent,
Mat (Signatur	e or an orneer or onecrot)	MATTHEW KLUD, NG, (Printed or typed name and t	PRESIDENT (SB
I hereby accept to a further agree to of my duties, and document is bein corporation has	the appointment as registered agent and peoply with the provisions of all statuded amiliar with and accept the oblige filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity. ites relative to the proper and com gation of my position as registered registered office address, I hereb	plete performance 1 agent, Or, if this y confirm that the
Matt	to Kluda	11/5/08	
	nature of Registered Agent)	(Date)	
If signing on beh	nalf of an entity: PRESIDENT		
LIBERTI	SAUINGS BANK		
(Ty	rped 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)