

N19494



5401 South Kirkman Road • Suite 475
Orlando • Florida 32819
www.community-mgmt.com

ADDRESS SERVICE REQUESTED

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

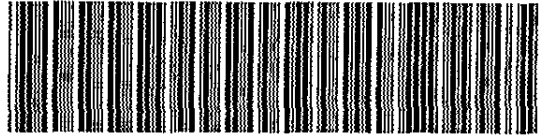
(Business Entity Name)

(Document Number)

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03 MAY 27 AM 11:09
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TALLAHASSEE, FLORIDA

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20 RACH ON
5-27-03

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 FLA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: SILVER LAKES HOMEOWNERS ASSN Inc.
- The mailing address of the corporation: AND PRINCIPAL PLACE OF BUSINESS
c/o Community Mgmt Prof.
5401 S. Kirkman Rd #475 Orlando FL 32819
- Date of incorporation/qualification: 3-3-87 Document number: N 19494
- The name and address of the current registered agent and office:

NATIONAL ASSN Mgmt Co.
165 W. St Rd 434
Winter Spgs FL 32708

- The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Community Management Prof.
5401 S. Kirkman Rd. #475
Orlando FL 32819

03 MAY 27 2003 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Inc.

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] PRES 4-28-03
(Signature of an officer, chairman or vice chairman of the board) (Date)

(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.

[Signature] 5-1-03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
DOE CARPENTER PRES. DE JA
(Typed or Printed Name) (Capacity)

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