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NEW FILINGS	AMENDMENTS			
Profit	Amendment			
NonProfit	Resignation of R.A., Offi	cer/Director		
Limited Liability	Change of Registered Ag	ent		
Domestication	Dissolution/Withdrawal			<u> </u>
Other	Merger			
OTHER FILINGS Annual Report	REGISTRATIO QUALIFICATIO	Commence 2	3	FILED 98 NOV-23 AM-9: 4 H-CRETARY OF STAT
Fictitious Name	Foreign		\a_\c_\c_\c_\c_\c_\c_\c_\c_\c_\c_\c_\c_\c_	ORATI ORATI

Limited Partnership

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Examiner's Initials

Name Reservation

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 is: EASTWOOD COMMUNITY ASSOCIATION, IN
2. The mailing address of the corporation is: 6/0 2180 Park Avenue North #326
Winter Park Florida 32789
3. Date of incorporation/qualification: $2/4/91$ Document number: $N-26894$
4. The name and address of the current registered agent and office:
4. The name and address of the current registered agent and office: Vesigned - See attached.
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable
Thomas D. Malcom
Specialty Managementloof Central Plorida, Inc. 2180 Park Avenue North #326
2180 Park Avenue North #326
Winter Park, PL 32789
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.
11-3-98
(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. Nolon D. Mulcon 10/28/98
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Thomas D. Malcom Agent (Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity)

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