

N99000003096

WLL

Pegasus Property Management, Inc
17595 S. Tamiami Trail, Suite 100
Fort Myers, FL 33908

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

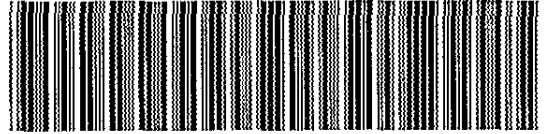
(Business Entity Name)

(Document Number)

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C. Couffiant SEP 17 2003

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: WILDCAT COVE HOMEOWNERS ASSN.

2. The mailing address of the corporation is: c/o PEGASUS PROPERTY MANAGEMENT, 17595-100 SOUTH TAMiami TRAIL, FT. MYERS, FL 33908

3. Date of incorporation/qualification: MAY 19, 1999 Document number: 299A00027731

4. The name and address of the current registered agent and office:

VIVIAN M. HASTINGS
24301 WALDEN CENTER DR. # 300
NAPLES, FL 34145

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

THOMAS E. EATON, CAM
17595-100 SOUTH TAMiami TRAIL
FORT MYERS FL 33908

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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)

(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.

THOMAS E. EATON, CAM 7/17/03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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