## N34845

Examiner's Initials

Orlando, Florida 32867-7307  City/State/Zip Phone #			800002383088 -12/26/9701036007 *****35.00 *****35. Office Use Only		
CORPORATION	NAME(S) & DOCUM	IENT NUMBER(	S), (if known):		
1(Cor	poration Name)	(Document	#)		
2.			· · ·	S	
(Con	rporation Name)	(Document	.#)	isign T	
3. <u>(Co</u>	rporation Name)	(Document	:#)	26	
4.		. =		0 00 00 00 00 00 00 00 00 00 00 00 00 0	
(Co:	rporation Name)	(Document	1#)	S PA	
`					
_	Dick up time	Ε	Certified Conv	1 g	
☐ Walk in	Pick up time	Photocopy	Certified Copy Certificate of State	17 Topic	
☐ Walk in ☐ Mail out		Photocopy		15 IS	
Walk in Mail out	☐ Will wait ☐	Photocopy		IS S	
Walk in Mail out  NEW FILINGS Profit	☐ Will wait ☐ AMENDMEN	Photocopy TS		IS SOLVE	
Walk in Mail out  NEW FILINGS  Profit NonProfit	Will wait  AMENDMEN  Amendment	Photocopy  TS: , Officer/ Director		IS S	
Walk in Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability	Will wait  AMENDMEN  Amendment  Resignation of R.A	Photocopy  TS: , Officer/ Director  red Agent		IS STATE OF THE PROPERTY OF TH	
Walk in Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability	AMENDMEN  Amendment  Resignation of R.A  Change of Register	Photocopy  TS: , Officer/ Director  red Agent		I TONE	
Walk in Mail out  NEW FILINGS  Profit NonProfit Limited Liability Domestication Other	AMENDMEN  Amendment  Resignation of R.A  Change of Register  Dissolution/Withden  Merger	Photocopy  TS: , Officer/ Director red Agent rawal		IS SOLVE	
Walk in Mail out  NEW FILINGS  Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS	AMENDMEN  Amendment  Resignation of R.A  Change of Register  Dissolution/Withdr	Photocopy  TS , Officer/ Director  red Agent  rawal		1 TONES	
Walk in Mail out  NEW FILINGS  Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS  Annual Report	AMENDMEN  Amendment  Resignation of R.A  Change of Register  Dissolution/Withdr  Merger	Photocopy  TS , Officer/ Director  red Agent  rawal	Certificate of State		
Walk in Mail out  NEW FILINGS  Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS  Annual Report Fictitious Name	AMENDMEN  Amendment  Resignation of R.A  Change of Register  Dissolution/Withdr  Merger  REGISTRA  QUALIFICA	Photocopy  TS , Officer/ Director  red Agent  rawal  TION/ ATION-			
Walk in Mail out  NEW FILINGS  Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS  Annual Report	AMENDMEN  Amendment  Resignation of R.A  Change of Register  Dissolution/Withden  Merger  REGISTRA  QUALIFICA  Foreign	Photocopy  TS , Officer/ Director  red Agent  rawal  TION/ ATION-	Certificate of State		

CR2E031(1/95)

## Florida Department of State, Sandra B. Mortham, Secretary of State

. . 65

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

State of Florida	rporation organized under the laws of the State of lowing statement in order to change its registere	ed office or registered	d agent, or bo	oth, in the
-	the corporation is: <u>Colonial Lakes Homeov</u>	vner's Association,	Inc.	·
2. The mailing	address of the corporation is: 1228 Bridlebr	ook Dr. Casselbe	erry, Fl 32	707
<ul><li>3. Date of incor</li><li>4. The name an</li></ul>	poration/qualification: 10-23-89 d address of the current registered agent and offi	Document number: _ce:	N34845	
	Sandra Huff			
	1228 Bridlebrook Drive		970	VISIO SECT
	Casselberry, Fl. 32707		DEC 2	<b>=</b> ≈ 9 <b>5</b> -
5. The name and	l address of the new registered agent and office:  Joseph Frasca	(P.O. Box Not Accep	ptable) 공	ILED RY OF STAT
	9816 East Colonial Drive		<b>-</b>	10 Kg
	Orlando, Florida 32817		<del></del>	¥: <u> </u>
· ·	ss of its registered office and the street address od, will be identical.  authorized by resolution duly adopted by its book board.			
	illy fiel	11/20/97	<u> </u>	
(Signature of an office	er, chairman or vice chairman of the board)	(Date)	<del></del>	<del></del>
	Willy Aviles - President			
Having been nan I hereby accept to comply with the p and I am familia	(Printed or typed name and titl	e) process for the above act in this capacity, ad complete verforma is registered agent.	stated corpo I further ågr mce of my du	ration, ee to ties,
Having been nam I hereby accept to comply with the pand I am familian	(Printed or typed name and title as registered agent and to accept service of the appointment as registered agent and agree to provisions of all statutes relative to the proper as with and accept the obligation of my position at the proper and accept the obligation of the proper and accept the obligation of the proper and the analysis and accept the obligation of the proper and the the	process for the above act in this capacity, nd complete performa is registered agent.		ration, ee to ties,
lospl	(Printed or typed name and title as registered agent and to accept service of the appointment as registered agent and agree to provisions of all statutes relative to the proper as with and accept the obligation of my position at the proper and accept the obligation of the proper and accept the obligation of the proper and the analysis and accept the obligation of the proper and the the	e) process for the above act in this capacity, nd complete performa is registered agent.      - Jo·97  (Date)		ration, see to ties,
lospl	(Printed or typed name and title as registered agent and to accept service of the appointment as registered agent and agree to provisions of all statutes relative to the proper are with and accept the obligation of my position at the frequency of Registered Agent)	process for the above act in this capacity, nd complete performa is registered agent.		ration, ee to ties,
Signature of	(Printed or typed name and title as registered agent and to accept service of the appointment as registered agent and agree to provisions of all statutes relative to the proper are with and accept the obligation of my position at the frequency of Registered Agent)	process for the above act in this capacity, nd complete performa is registered agent.		ration, ree to ties,

FILING FEE: \$35.00