

N42672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600138715996

12/15/08--01016--012 **35.00

RA why

SECRETARY OF STATE
MAIL ROOM
HARRISBURG, PENNSYLVANIA

09 JAN -7 PM 3:20

FILED

T. Roberts JAN -7, 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2008

ROGER STAFFORD
ATTWOOD-PHILLIPS INC
385 DOUGLAS AVE, STE 3000
ALTAMONTE SPRINGS, FL 32714

SUBJECT: SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.
Ref. Number: N42672

We have received your document for SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please correct your document number on line 4 to correspond with the name of your corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 308A00060543

RECEIVED
2009 JAN - 7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHSHORE PALM 45 HOMEOWNERS ASSN.
(Name of Corporation)

DOCUMENT NUMBER: N 42672

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROGER STAFFORD
(Name of Contact Person)

ARTHURWOOD-PHILLIPS, INC.
(Firm/Company)

385 DOUGLAS AVE, SUITE 3008
(Address)

ALTA MONTE SPRINGS, FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

ROGER STAFFORD at (407) 644-4500 x 245
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department 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

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SPECTRUM CARE FANCL 45 COMMUNITY ASSOCIATION, INC.
2. The principal office address: 385 DOUGLAS AVE, SUITE 3000 AUSTIN SPRINGS, FL. 32714
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 3/17/1993 Document number: N 42672

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
GASPARINI & FLETCHER PA
156 S. CHARLES RICHARD BRALL BLDG. SUITE 2
DEBARY, FL. 32713

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LARSEN & ASSOCIATES, PA.
300 S. ORANGE AVE, SUITE 1200
(P.O. Box NOT acceptable)
ORLANDO, FL. 32801

09 JAN -7 PM 3:20
FILED
SECRETARY OF STATE

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, or the corporation has been notified in writing of the change.

Pamela M. Fultz
(Signature of an officer or director)

Pamela M. Fultz
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

12/11/08
(Date)

If signing on behalf of an entity:
alkfjsaldkfi
(Typed or Printed Name)

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