N01000002179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B.A.

TBrown 5-5-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Isle at Black Lake Homeowners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000002179

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:

Iris E. Wright
Name of Contact Person

Severn Trent Services
Firm/Company

475 West Town Place, Suite 200
Address

St. Augustine, FL 32092
City/State and Zip Code

iwright@severntrentservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Balderrama at (407) 595-9902
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

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2011

IRIS E WRIGHT
SEVERN TRENT SERVICES
475 W TOWN PLACE STE 200
ST AUGUSTINE, FL 32092

SUBJECT: BAY ISLE AT BLACK LAKE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N01000002179

We have received your document for BAY ISLE AT BLACK LAKE HOMEOWNERS' 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):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 111A00009708

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: Bay Isle at Black Lake Homeowners' Association, Inc.
2. The principal office address: 610 Sycamore Street, Suite 140
   Celebration, FL 34747
3. The mailing address (if different): 475 West Town Place, Suite 200
   St. Augustine, FL 32092
4. Date of incorporation/qualification: March 28, 2001 Document number: N01000002179
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)

   Solomon, Spencer R
   13350 W Colonial Drive, Suite 300
   Winter Garden, FL 34787

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Severn Trent Services, Inc.
   475 West Town Place, Suite 200
   P.O. Box NOT acceptable
   St. Augustine, FL 32092

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.

Signature of an officer or director — Gina Balderrama, President (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 of Registered Agent — 4/13/11 (Date)

If signing on behalf of an entity:

Severn Trent Services
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)