600 EAST TAR TARPON SPRI	PON AVENUE NGS, FL 34689-4202			
Current Ma	ling Address:			
	ARPON AVENUE PRINGS, FL 34689-4202 US			
FEI Number: 59-2381368			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
WHETZEL, TE 600 EAST TAR TARPON SPRI				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florid	a.
	d entity submits this statement for the purpose of changing its regi E: TERRI B. WHETZEL	stered office or regis		^{a.})1/08/2014
		stered office or regis		
	E: TERRI B. WHETZEL Electronic Signature of Registered Agent	stered office or regis		01/08/2014
SIGNATURI	E: TERRI B. WHETZEL Electronic Signature of Registered Agent	stered office or regis		01/08/2014
SIGNATURI Officer/Dire	E: TERRI B. WHETZEL Electronic Signature of Registered Agent Ctor Detail :		(01/08/2014
SIGNATURI Officer/Dire	E: TERRI B. WHETZEL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP (01/08/2014
SIGNATURI Officer/Dire Title Name	E: TERRI B. WHETZEL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT STORK, SARAH A 600 EAST TARPON AVENUE	Title Name	VP JANKOWSKI, MICHAEL A 600 EAST TARPON AVENUE	01/08/2014 Date
SIGNATURI Officer/Dire Title Name Address	E: TERRI B. WHETZEL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT STORK, SARAH A 600 EAST TARPON AVENUE	Title Name Address	VP JANKOWSKI, MICHAEL A 600 EAST TARPON AVENUE	01/08/2014 Date
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: TERRI B. WHETZEL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT STORK, SARAH A 600 EAST TARPON AVENUE TARPON SPRINGS FL 34689-4202	Title Name Address	VP JANKOWSKI, MICHAEL A 600 EAST TARPON AVENUE	01/08/2014 Date

City-State-Zip: TARPON SPRINGS FL 34689-4202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARL E. FOLKMAN

SECRETARY-TREASURER 01/08/2014

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 766676

Entity Name: POINT SEASIDE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

FILED Jan 08, 2014 **Secretary of State** CC3507216741

Date