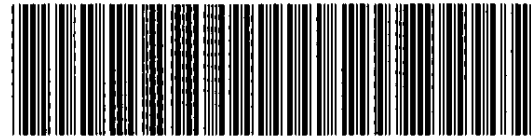


727919



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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*RAON 8/12/10*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Woodside Village Homeowners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 727919

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:

Megan Taylor  
Name of Contact Person

90 The Continental Group, Inc.  
Firm/Company

385 Douglas Ave Ste. 3000  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

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

For further information concerning this matter, please call:

Megan Taylor at (407) 644-4500 Ext. 240  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Woodside Village Homeowners Association, Inc.
2. The principal office address: c/o The Continental Group, Inc. 385 Douglas Ave. Ste 3000 Altamonte Springs, FL 32714
3. The mailing address (if different):

4. Date of incorporation/qualification: 11/01/1973 Document number: 727919

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)

Katzman Garfinkle, P.A.
1501 Northwest 49th St. - Ste. 202
Fort Lauderdale, FL 33309

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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):

Wean & Malchow, P.A.
646 East Colonial Drive
P.O. Box NOT acceptable
Orlando, FL 32803

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

President: WUHTA
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.

by: Paul L. Wean
Signature of Registered Agent

8/3/2010
Date

If signing on behalf of an entity:

Paul L. Wean Pres
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