730074

	•
(Requestor's Nam	e)
(Address)	
` ,	•
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Number)	
Certified Copies Certifica	ites of Status
Certified Copies Certifica	iles of Olatus
Special Instructions to Filing Officer:	

Office Use Only



200282745932

03/24/16--01010--024 **35.00

SECRIL TARY OF STATEME NIVISION OF CORPORATIONS

MAR 29 2016 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations
TO: Amendment Section Division of Corporations SUBJECT: Hishlands Patio Homes Condo Association in Name of Corporation
DOCUMENT NUMBER: 730074
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:
Elizabeth A. Downes Name of Contact Person
Firm/Company
851 N. DONNELLY STREET Address
MOUNT DORA FL 32757 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Strabeth Downes at (352) 223-9326 (C) Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person at (352) 223-9326 () 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		
1. The name of the corporation: The Highlands Patio Homes Condominum Association		
2. The principal office address: 851 N. Dannelly Street		
Maint Dara, Fr 32757		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 6-27-1974 Document number: 730074		
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)		
Paine - Anderson Properties		
201 West SR 434		
hinter Springs, Or 32708 5 Ex		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Pmo Realty = = 3		
857 N. Dannelly Street P.O. Box NOT acceptable		
Mount Dara, Fr 32757		
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.		
Jack Hellen Jayor Hellen Fresidant Mignayare of an othicer or director Pfinted 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.		
Whata A low 3/3/16 Signature of Registered Agent 3/3/16		
If signing on behalf of an entity:		
Typed or Printed Name Property Managen on L. & Overations Int. LLC		

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