739558

Ms. Carol Renkenberger 734 Cindy Gr Port Orange, FL 32127
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/13/02--01073--022 **35.00

2002 NOV 13 PM 4: 59

R.A. Charge 11-15-2002

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, the
undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: Commonwealth Mobile Home Owners
Civic Association, INC.
2. The mailing address of the corporation: CAROL RENKENBERGER
734 CINDY CIRCLE PORT DRANGE, F1. 32127
3. Date of incorporation/qualification: 6-17-1917 Document number: 739538
4. The name and address of the current registered agent and registered office:
Kennedy, Fuller & Goodson
150 MACNOLIA AVENUE
DAYTONA BEACH, F1. 32115-2491 5器
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
TORIS LUCKIVURST 730 CINDY CIRCLE TO TO THE STATE OF TH
730 CINDY CIRCLE
PORT URANGE, FL 32127-5512
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,
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated
corporation, 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.
(Signature of Registered Agent) 11/06/02 (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
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* * * FILING FEE: \$35.00 * * *