## 743380

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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DIVISION OF CORPORATIONS

06 JAN 1 J AM 9: 58

## **COVER LETTER**

TO: Ame Divis	ndment Section sion of Corporat	ions						
SU <b>BJECT:</b> _	TARPON	LAKE VI	CName of	Homeo Corporat	owners ion)	ASSOCI	HTIDN,	INC.
DOCUMEN	T NUMBER:_	74	3386					
The enclosed	Statement of C	hange of Reg	istered Off	ice/Agen	t and fee are	submitted	for filing.	
Please return	all corresponde	nce concernir	g this mat	ter to the	following:			
	DAV	ORI ORI	MISTO	N C	PA			
	, <u> </u>	(	Name of C	ontact Pe	erson)			
	Do	16HEATY	ANU	Asso	CIMTES,	L, L, C	<u>.                                    </u>	
			(Firm/	Company	"			
	8	OO THE	PON H	10005	BLVO.			
			(AC	icii ess)				
	PA	cm HAR	BOR, F	L 3	4685			
		(	City/State	and Zip (	Code)			
For further in	formation conce	rning this ma	tter, please	e call:				
ROBER	Name of Con	LOWETZ_		at (_	727	787	-0186	
	(Name of Con	tact Person)		(	Area Code	& Daytime	Telephone	Number)
Enclosed is a	\$35.00 check m	ade payable t	o the Depa	artment of	f State.			
		. ,	•					
	Mail	ing Address:			Street A	ddress:		
		ing Address: ndment Sect			Amendr	nent Sectio		
		sion of Corp	orations			of Corpor	rations	
		Box 6327	22214			Building		1_
	1 3113	ahassee, FL	3231 <del>4</del>		2001 EX	ecutive Ce	anter Circi	ie

Tallahassee, FL 32301

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a c	corporation organize	607.1508, or 617.1508, d under the laws of the d agent, or both, in the	State of FLORION	<del></del>
				WERS' ASSOCIATION	
2. The principal of	office address: 84	BO THEPON	WOODS BLVD.	PALM HARBOR,	FL 34685
3. The mailing ac	ldress (if different):				
4. Date of incorp	oration/qualification:	6-27-1978	Document number:	743386	
5. The name and Florida Depart		urrent registered agen	t and registered office		DIVISE!
			ursement In		经验
	251	WINDWARD	Passabb SPA	<u> </u>	320
	CL	EARWATER, I	FL 33767		RESTATIONS RESTATIONS
6. The name and (if changed):		·	f changed) and /or regi	stered office	58
(ii changeu).		A. DOVEHE		_	
•			SOCIATES, L.L.		
	9 <i>PO</i> (P.0	D. Box NOT acceptable)	S BLVD.		
	PALM	HARBOR FI	34685		
The street addres	ss of its registered office identical.	ice and the street add	lress of the business o	ffice of its registered a	gent,
			y its board of directors ed in writing of the ch		
Solut Oll	e of an object or director)			(RALOWETZ PRE	SIDENT
I hereby accept to I further agree to of my duties, and document is bein corporation has,	the appointment as re o comply with the pro I I am familiar with a og filed merely to refle been notified in writin	gistered agent and a visions of all statute. nd accept the obliga oct a change in the r ng of this change.	gree to act in this cap s relative to the prope tion of my position as egistered office addres	acity, r and complete perform registered agent. Or, i ss, I hereby confirm tha	rance if this it the
	ll I years		12/2	2/05	
(Signing on beh	nature of Registered Agent)		/(Da	te)	<del>-</del>
	y and D	uolîs des,	L.L.C.		

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

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