## 749897

Requestor's Name

## VISTA

COMMUNITY ASSOCIATION MANAGEMENT

238 NORTH WESTMONTE DRIVE, SUITE 260 ALTAMONTE SPRINGS, FLORIDA 32714

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1					700002506467 -04/30/9801047- *****35.00 ****	7——9 016 **35.00
_	(Corpor	ration Name)	(Do	cument #)		
2.		_				
	(Corpor	ation Name)	(Do	cument #)		
3.						
J	(Corporation Name)		(Do	(Document #)		
4	(Согрог	ation Name)	Ф	cument #)		
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☐ Walk in		Pick up time	APAN .	$\square_{C}$	ertified Copy	
Mail out		Will wait	Photocopy	$\square_{C}$	ertificate of Status	
NEW FILINGS		AMEN	DMENTS :-	······································		
Profit		Amendme	ent			
NonProfit		Resignation	on of R.A., Officer/Direc	tor		
Limited Liability		Change of	Registered Agent			
Domestication		Dissolution	Dissolution/Withdrawal			

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

Other

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
 Other

Merger

FILED

98 APR 30 PM 12: 43

SECRETARY OF STATE TALLAHASSEE, FLORING

R.A. Charge

5-1-98

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.050	02, 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 reg	pistered office or registered agent, or both, in the
State of Florida.	
1. The name of the corporation is: Wekiva Fairway	Townhomes Condominium
Association, Inc.	
2. The mailing address of the corporation is: P.O. Bo	x 161606, Altamonte Springs, FL
	32716–1606
3. Date of incorporation/qualification: 11/27/79	Document number: 749897
4. The name and address of the current registered agent ar	nd office:
James W. Hart, Jr.	- · · · · · · · · · · · · · · · · · · ·
5 The name and address of the new resistant least 1	office: (P. O. Box Not Acceptable)  TALLAHASSEE, FLORIT  ite 260  4
5. The name and address of the new registered agent and o	office: (P. O. Box Not Acceptable)
Ellen R. Womack	SSR OF
238 N. Westmonte Drive, Su	ite 260 E.F.C.
Altamonte Springs, FL 32714	4 - PATE F
The street address of its registered office and the street agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted authorized by the board.	by its board of directors or by an officer so
1 2 1/ 9-10	4/23/08
(Signature of an officer, chairman or vice chairman of the boar	d) (Date)
Ruth Gale. President	
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept s corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a registered agent.	ervice of process for the above stated red agent and agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as
registered tigent.	
(Signature of Registered Agent)	4/22/98
If signing on behalf of an entity:	(Date)
Ellen R. Womack	Management Agent
(Typed or Printed Name)	(Capacity)

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