2180 W State Road 434 Ste 5000

Longwood FL 32779-5044

Smr. 030

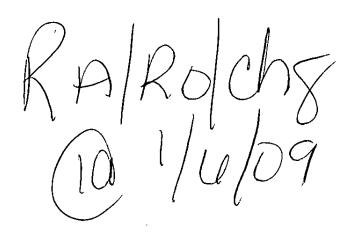
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



800139158578

12/23/08--01032--001 **490.00



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

atement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: EAST LAKE WOODLANDS LAKE ESTATES PATIO HOMES IMPROVEMENT ASSOCIA	TION INC
The principal office address: 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044	
The mailing address (if different):	
Date of incorporation/qualification: 02/18/1980 Document number: 751087	
The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
GALBRAITH, CHARLA J	; •
C/O HERITAGE PROPERTY MGT INC/3684 TAMPA RD STE 6 OLDSMAR FL 34677 The name and street address of the new registered agent (if changed) and /or registered office	SECR IVISIO
OLDSMAR FL 34677	HETAT:
(if changed):	CORPORA
JAMES W HART JR 22	E E
C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000 (P.O. Box NOT acceptable)	S
LONGWOOD FL 32779-5044	
he street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
(Signature of an officer or director) HAN E. KOSSI (Printed or typed name and titte)	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	; ;
(Signature of Registered Agent) // (Date)	
signing on behalf of an entity:	
IAMES W HART JR (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 CR2E045 (8/05)