753801

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06/15/06--01028--012 **35.00



COVER LETTER

Division of Corporations SUBJECT: CYPRESS VILLAGE PROPERTY OWNERS' ASSOCIATION INC (Name of Corporation) DOCUMENT NUMBER: 753801 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: MICHELLE MAIDLOW (Name of Contact Person) VILLAGES SERVICES COOPERATIVE INC (Firm/Company) 2541 N RESTON TERRACE (Address) HERNANDO FL 34442 (City/State and Zip Code) For further information concerning this matter, please call: MICHELLE MAIDLOW (Name of Contact Person)

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

· TO:

Amendment Section

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

			2, 607.1308, or 617.1308, Florida zed under the laws of the State of	·	
in orde	er to change its regi	stered office or registe	red agent, or both, in the State of 1	Florida.	
1. The name of	the corporation: CY	PRESS VILLAGE PRO	OPERTY OWNERS' ASSOCIATION	ON INC	
2. The principal office address: 108 CYPRESS BLVD W - HOMOSASSA - FL - 34446					
3. The mailing a	ddress (if different)	2541 N RESTON T	ERRACE - HERNANDO - FL - 3	34442	
		on: <u>08/18/80</u>			
	l street address of the timent of State:	ne current registered ag	ent and registered office on file w	ith the	
	JOHN J CADO	GAN		_	
	108 CYPRES	S BLVD WEST			
	HOMOSASSA	FL 34446		SECRI	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
VILLAGES SERVICES COOPERATIVE INC					
2541 N RESTON TERRACE					
(P.O. Box NOT acceptable)				:->	
	HERNANDO	FL 34442		_	
The street address changed will	ess of its registered be identical.	office and the street a	address of the business office of i	its registered agent,	
Such change wa authorized by th	as authorized by re ne board, or the cor	solution duly adopted poration has been not	by its board of directors or by arified in writing of the change.	n officer so	
Jodon	K. Welle	v	GORDON WELLER		
· -	are of an officer or directo	•	(Printed or typed name and	-	
I nereby accept I further agree to of my duties, an document is bei corporation has	the appointment a to comply with the d I am familiar wil ng filed merely to i been notified in w	s registered agent and provisions of all statu h and accept the oblighed a change in the riting of this change.	l agree to act in this capacity. tes relative to the proper and co gation of my position as registere registered office address, I here	mplete performance ed agent. Or, if this by confirm that the	
the car be Marchine		06/09/06			
(Sig	mature of Registered Age	nt)	(Date)		
If signing on be	half of an entity:				
MICHELLE M	AIDLOW				
(Typed or Printed Name)					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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