754489

| (Req | uestor's Name) | |
|---|------------------|-------------|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| | | |
| (City | /State/Zip/Phone | e #) |
| | | |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bus | iness Entity Nar | ne) |
| | • | , |
| (Doc | ument Number) | |
| • | · | |
| Certified Copies Certificates of Status | | s of Status |
| | | |
| | | |
| Special Instructions to F | iling Officer: | • |
| | | |
| | | |
| | | 1 |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900075667159

06/02/06--01029--006 **35.00

06 JUN -2 PM 4:38
SECRETARY OF STATE

15 ce/8/050

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Heritige House Contoninion Association, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: 754489 |
| 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: |
| Name of Contact Person) |
| Heritige Hause Condoninium Association, Inc. (Firm/Company) |
| 3215 NE 15TH Street (Address) |
| , (Address) |
| City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Contact Person) at (954) 873-2332 (Area Code & Daytime Telephone Number) |
| 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

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, this statement 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. |
| 1. The name of the corporation: Heritage House Contominion Aircein tim, Inc. 2. The principal office address: 3215 N. E. 1574 Street, & Longano Beach, |
| 2. The principal office address: 3215 N.E. 1574 Street , B. Hongan Beach, |
| Floride 3306Z |
| 3. The mailing address (if different): |
| 1680 |
| 4. Date of incorporation/qualification: 1980 Document number: 754489 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Lane Ramsfield |
| 456 Spanish Wells Court |
| 456 Spanish Wells Court Winter Garden, FL 34787 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Don Deleva |
| 3215 NE 15TH Street |
| Pompens Beach, Florida 3306Z |
| 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, or the corporation has been notified in writing of the change. |
| Signature of an officer or director) Don Deleva (Printed or typed name and title) |
| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 5/23/06 |
| (Signature of Registered Agent) / (Pate) |
| If signing on behalf of an entity: |
| Don Beleva |
| (Typed or Printed Name) |

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