757180

| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to 1 | F31 - O# | |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| то: | Amendment Section Division of Corporations | | | |
|---|---|--|--|--|
| SUBJECT: Lake Villas Q & R Homeowners Association, Inc. (Name of Corporation) | | | | |
| DOCUI | MENT NUMBER: 757180 | | | |
| The enc | losed Statement of Change of Registered Office | e/Agent and fee are submitted for filing. | | |
| Please re | eturn all correspondence concerning this matter | to the following: | | |
| | Minetta Garay (Name of Co | ntact Person) | | |
| Association Solutions of Central Florida, Inc. (Firm/Company) | | | | |
| 231 E Ruby Ave, Suite A (Address) | | | | |
| | Kissimmee, FL 34741 (City/State ar | d Zin Code) | | |
| For furth | ner information concerning this matter, please c | • / | | |
| roi laiti | ter information concerning this matter, please c | an. | | |
| Minetta | a Garay (Name of Contact Person) | at (407) 483-0956 (Area Code & Daytime Telephone Number) | | |
| Enclosed | d is a \$35.00 check made payable to the Depart | ment 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:

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607 statement of change is submitted for a corporation organized u in order to change its registered office or registered a | under the laws of the State of Florida |
|---|--|
| 1. The name of the corporation: Lake Villas Q and R Home | eowners Association, Inc. |
| 2. The principal office address: 231 E Ruby Ave, Suite A, | Kissimmee, FL 34741 |
| 3. The mailing address (if different): PO Box 452847, Kiss | simmee, FL 34745-2847 |
| 4. Date of incorporation/qualification: 05/06/1981 | Document number: 757180 |
| 5. The name and street address of the current registered agent a Florida Department of State: | nd registered office on file with the |
| Sentry Management, Inc. | |
| 2180 West SR 434 , Ste 5000 | |
| Longwood, FL 32779 | . |
| 6. The name and street address of the new registered agent (if c (if changed): | hanged) and /or registered office |
| Association Solutions of Centra | al Florida, Inc. |
| 231 E Ruby Ave, Suite A | |
| (P.O. Box NOT acceptable) Kissimmee, FL 34741 | |
| · | |
| The street address of its registered office and the street addre as changed will be identical. | |
| Such change was authorized by resolution duly adopted by it authorized by the board, or the corporation has been notified | s board of directors or by an officer so in writing of the change. |
| (Signature of an officer or director) | TRICK O'BRIEN HOA PRESIDENT. |
| I hereby accept the appointment as registered agent and agra I further agree to comply with the provisions of all statutes re of my duties, and I am familiar with and accept the obligation document is being filed marely to reflect a change in the regi- corporation has been notified in writing of this change. | ze to act in this capacity. elative to the proper and complete performance n of my position as registered agent. Or, if this stered office address, I hereby confirm that the |
| <u>, , , </u> | 06/2007 |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | |
| Minetta Garay (Typed or Printed Name) | |
| * * * FILING FEE: \$3 | 5.00 * * * |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)