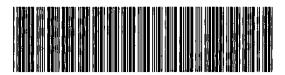
758484

| (Requestor's | s Name) |
|------------------------------------|-----------------------|
| (Address) | |
| (Address) | |
| (City/State/Z | Zip/Phone #) |
| PICK-UP V | WAIT MAIL |
| (Business E | Intity Name) |
| (Document | Number) |
| | |
| Certified Copies Ce | ertificates of Status |
| Special Instructions to Filing Off | ficer: |
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Office Use Only



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B.A.

B 1-7-11

COVER LETTER

Amendment Section Division of Corporations

TO:

| енвист. На | urbor Woods Condominiu | m Association Inc | | | | |
|--|---|---|--|--|--|--|
| SUBJECT: Harbor Woods Condominium Association, Inc. Name of Corporation | | | | | | |
| DOCUMENT NUMB | ER: 75 | 8484 | | | | |
| The enclosed Statemen | t of Change of Registered Office/A | gent and fee are submitted for filing. | | | | |
| Please return all corres | pondence concerning this matter to | the following: | | | | |
| | Dociroo Li | ndahl | | | | |
| | Desiree Lindahl Name of Contact Person | | | | | |
| | | | | | | |
| Soundview Property Management | | | | | | |
| | Firm/Company | | | | | |
| | 0004 11 12 | | | | | |
| | 2061 Indian River Blvd. Address | | | | | |
| | | | | | | |
| | Vero Beach, FL 32960 | | | | | |
| | City/State and Z | Zip Code | | | | |
| | desiree@soundvie | ewmat.com | | | | |
| E-r | nail address: (to be used for futu | | | | | |
| | | • | | | | |
| For further information | concerning this matter, please call | : | | | | |
| De | siree Lindahl | at (772) 234-3005 | | | | |
| | f Contact Person | at (772) 234-3005 Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 ch | neck made payable to the Departme | ent of State. | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building | | | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

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

| statement of cha | nge is submitted for a co | rporation organized | 507.1508, or 617.1508, Florid I under the laws of the State (I agent, or both, in the State (| _{of_} Florida |
|---|---|---|--|--------------------------------|
| 1. The name of t | he corporation: Harbo | or Woods Con | dominium Associati | on, Inc. |
| | office address: C/o So h, FL 32960 | | ty Management 2061 Ir | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | ooration/qualification: | 05/26/1981 | Document number: | 758484 |
| | street address of the cur tment of State: (If resign | | t and registered office on file | with the |
| | HART, JAMES W | JR SENTRY MA | ANAGEMENT, INC. | |
| | <u></u> | | | |
| | LONGWOOD FL 3 | 2779 US | | 2011 JAN -3 SEGRETAR TALLAHASS |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | |
| | Paul Palestrini, So | undview Proper | ty Management | |
| | 2061 Indian River | Blvd. P.O. Box NOT acc | | |
| | Vero Beach, FL 32 | | epmble | 10° 5 |
| The street addre | ss of its registered offic be identical. | e and the street add | lress of the business office of | of its registered agent, |
| | | | y its board of directors or by ed in writing of the change. | |
| Signatur | e of an officer or director | | VAUC RAIRS 7 Printed or typed name a | |
| I harahy accant | the appointment as rea | istered agent and a isions of all statutes d accept the obliga t a change in the re g of this change. | gree to act in this capacity, s relative to the proper and tion of my position as regist egistered office address, I he | |
| Sign | nature of Registered Agent | | 12/22/10 |) |
| _ | half of an entity: | | i Dang | |
| T | ped or Printed Name | <u> </u> | | |

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