## 759273

(Requestor's Name)
. *
(Address)
(Address)
(13305)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
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## COVER LETTER

Division of Corporations						
	Eagle's Glen Condo	minium As	ecciation In	<b>^</b>		
SUBJECT:	Eagle's Glen Condor	of Corporation	on	<u>.                                    </u>		
DOCUMENT N	UMBER:	75927	3			
	•	Office/Agent	and fee are submi	itted for filing.		
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:						
riease return an c	orrespondence concerning uns i	maner to the r	onowing.			
	Diana Savasta	, Records A	dministrator			
Name of Contact Person						
	Scannavino, Inc. Firm/Company					
	,	inii Company	٠			
720 Brooker Creek Blvd. #206						
	Address					
Oldsmar, FL 34677						
City/State and Zip Code						
dsavasta@mgmt-assoc.com						
E-mail address: (to be used for future annual report notification)						
For further inform	nation concerning this matter, pl	ease call:	•			
	Diana Savasta	at (	813	433-2030		
Na	ame of Contact Person	Ā	rea Code & Dayt	433-2030 ime Telephone Number		
Enclosed is a \$35.	.00 check made payable to the I	Department of	State.			
	Mailing Address:		Street Address			
	Amendment Section Division of Corporatio	ne	Amendment S Division of Co			
	P.O. Box 6327	11U	Clifton Buildi			
	Tallahassee, FL 32314		2661 Executiv	ve Center Circle		
		•	Tallahassee, F	L 32301		

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, unge is submitted for a corporation organized under the laws of the	State of Florida
in orde	er to change its registered office or registered agent, or both, in the s	State of Florida.
1. The name of	the corporation: Eagle's Glen Condominium Associa	ation, Inc.
2. The principal	office address: 720 Brooker Creek Blvd., Oldsmar, FL 34	677
. <u>—</u>		
3. The mailing a	nddress (if different):	
4. Date of incorp	poration/qualification: 07/23/1988 Document number:	759273
5. The name and Florida Depar	I street address of the current registered agent and registered office of timent of State: (If resigned, enter resigned) Janet Spoo	on file with the
	Community Accounting Management	
	40347 U.S. 19 N, Suite 129	TALLAHAS:
	Tarpon Springs, FL 34689	P 14 HASS
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or regis	m~ 11
•	Scannavino, Inc.	JRIDA
•	720 Brooker Creek Blvd. #206	
	P.O. Box NOT acceptable	
	Oldsmar, FL 34677	•
The street address changed will	ess of its registered office and the street address of the business of be identical.	ffice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors ne board, or the corporation has been notified in writing of the characteristics.	or by an officer so ange.
mary of Signatur	lew Tarley MAR X Hinted or typed	EN FARIEY name and title
	the appointment as registered agent and agree to act in this cape to comply with the provisions of all statutes relative to the proper of I am familiar with and accept the obligation of my position as a ng filed merely to reflect a change in the registered office address been notified in writing of this change.	,
	elfcamovino 9-11-09	,
Sign	nature of Registered Agent Date	-
If signing on be	half of an entity:	
Ту	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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