## 763933

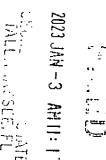
(Requestor's Name)
ORIGIN ID:ORLA (407) 839-3383 JOHN L. DI MASI LAW OFFICES OF JOHN L. DI MASI, PA 801 N. ORANGE AVE. SUITE 500 ORLANDO, FL 32801 UNITED STATES US
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## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: SCOTTISH HIGHLANDS CONDOMINIUM ASSOCIATION, INC.
2. The principal	office address: 1 SCOTTISH HIGHLANDS BLVD. LEESBURG, FL 34788
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 2/22/1995 06/28/1982 Document number: 763933
5. The name and Florida Depar	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	MATEER & HARBERT, P.A.
	225 E ROBINSON ST STE 600 ORLANDO, FL 32801
6. The name and (if changed):	225 E ROBINSON ST STE 600 ORLANDO, FL 32801  d street address of the new registered agent (if changed) and /or registered office  Law-Offices of John L. Di Masi LAW OFFICES OF JOHN L. DI MASI, P.A. TA
	Law Offices of John L. Di Masi. LAW OFFICES OF JOHN L. DI MASI, P.A.
	801 N. Orange Avenue, Suite 500
	P.O Box NOT acceptable
	Orlando, FL 32801
	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Marg	MARGARET FRAME TREASURE.  Printed or typed name and title
1 I L	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance all I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen holified in writing of this change.
Sig	mature of Registered Agent Pate
If signing on be	ehalf of an entity:
Helena G. Malcl	how
T	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 \* \* \*