## L04000044788

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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: VILLAGES OF RIO PINAR CLUB ASSOCIATION, LL							
DOCUMENT NUMBER: <u>L04000044788</u>							
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:							
PATTI HOFF							
Name of Contact Person							
ODENOTONE MANAGEMENT COMPANY OF CENTRAL							
GREYSTONE MANAGEMENT COMPANY OF CENTRAL Firm/Company							
1001 N. LAKE DESTINY ROAD,							
Address							
MAITLAND, FLORIDA 32751 City/State and Zip Code							
Chy/State and Zip Code							
phoff@greystone-mgmt.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
PATTI HOFF at (407) 645-4945 X106  Name of Contact Person Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Street Address:							
Amendment Section Amendment Section  Division of Corporations Division of Corporations							
P.O. Box 6327 Clifton Building							

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha		orporation organize	607.1508, or 617.1508, d under the laws of the S d agent, or both, in the S	State of FLO	RIDA		
	•		PINAR CLUB A	•			
2. The principal	office address: 1001 N	N. LAKE DESTIN	NY ROAD, SUITE 1	25, MAITL	AND, FL 32	751	
3. The mailing a	ddress (if different):	**************************************					
4. Date of incorporation/qualification:05/21/2004 Document number:					L04000044788		
	street address of the cu tment of State: (If resign		nt and registered office of	on file with the	:		
	JANICE C. ARMS	TRONG					
	1001 N. LAKE DE	STINY ROAD, S	SUITE 125				
	MAITLAND, FL 32	2751			1 AUG		
6. The name and (if changed):	street address of the ne	w registered agent (i	if changed) and /or regis	stered office	-8 PM 4: 2 FARY OF STAINASSEE FLOOR		
		P.O. Box NOT ac	ceptable		DA O		
The street addre	ess of its registered office be identical.	ce and the street add	dress of the business of	ffice of its reg	istered agent,		
			y its board of directors led in writing of the cha				
Alrin			JANICE C. A		NG		
_	e of an officer of director		Printed or typed				
A hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as reg o comply with the prov d I am familiar with the ng filed merely to refle been notified in writin	istered agent and a visions of all statute ad accept the obliga ct a change in the r g of this change.	ngree to act in this cape s relative to the proper tion of my position as t egistered office addres.	acity. · and complete registered age s, I hereby co	e performance ent. Or if this nfirm that the	,	
				2011			
Sign	nature of Registered Agent		Date				
If signing on bel	half of an entity:						
VILLAGES C	F RIO PINAR CLU	JB ASSΩ					

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

Typed or Printed Name