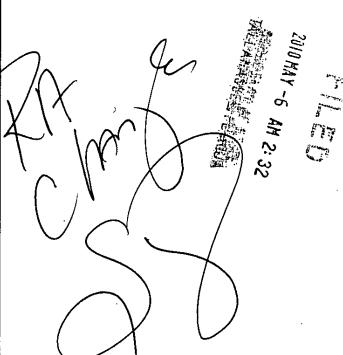
(Requestor's Name) (Address)		
(Address)	100180182741	
(City/State/Zip/Phone #)	05/06/1001029016 **35	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	<b>3</b>	

Special Instructions to Filing Officer:

20

Office Use Only



\*\*35.00

## **COVER LETTER**

TO: Amendmen Division of	t Section Corporations	
SUBJECT:	Island Club West Home Name of C	owner's Assoc., Inc.
DOCUMENT NUM	ивек:N00	000000423
The enclosed Staten	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all cor	respondence concerning this matte	r to the following:
_		<u>Martinez</u>
	Name of Co	ntact Person
	Blue Water Commun	ity Management, LLC
•	Firm/Co	
	2021 13	th Street
•	Add	
	Saint Clour	I FL 34769
•	City/State a	l, FL 34769 nd Zip Code
_	donnie@bluewatercomm	unitymanagement.com
	E-mail address: (to be used for f	uture annual report notification)
For further informat	ion concerning this matter, please	call:
	Al Bowman	at ( 407 ) 343-0809 ext. 104
Nam	e of Contact Person	at ( 407 ) 343-0809 ext. 104 Area Code & Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

734 485 1124

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

Pursuant to the provisions of sections 607.0502. 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Island Club West Homeowner's Assoc., Inc.	
The principal uffice address: c/o Blue Water Community Management     2021 13th Street, Saint Cloud, FL 34769	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 01/14/2000 Document number: N00000000423	
<ol> <li>The name and street address of the current registered agent and registered office on tile with the Florida Department of State: (If resigned, enter resigned)</li> </ol>	
MID-FLORIDA PROPERTY PROFESSIONALS, INC.	
112 POLO PARK EAST BLVD	
DAVENPORT, FL 33897	
DAVENPORT, FL 33897  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	-
BLUE WATER COMMUNITY MANAGEMENT, LLC	4
2021 13TH STREET	Ŋ
P.O. Box NOT receptable SAINT CLOUD, FL 34769	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Jasen a Saloya NAFEM SAROYA, PRESIDEN	1
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Signature of Megiticrosi Agegy 5/4/2010	
If signing on behalf of an entity:	
Typed or Frinted Name  * * * FILING FEE: \$35.00 * * *	

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