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$\begin{tabular}{l} \texttt{\#STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH \\ FOR CORPORATIONS \end{tabular}$

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida State of Florid	ORIDA		
1. The name of the corporation: THE ESTATES AT GLENN LAKES OWNERS ASSOCIATION	,INC.		_
2. The principal office address: 2180 W SR 434 STE 5000			
LONGWOOD FL 32779-5044			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 01/31/2000 Document number: N00000000)588		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	the		
HAGERTY, JOHN A			
4400 EL CONQUISTADOR PKWY			
BRADENTON FL 34210	₹	0	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ECRETA	06 OCT	F
JAMES W HART JR	RYE SSEE	<u></u>	E
2180 W SR 434 STE 5000	FE'S	¥	D
(P.O. Box NOT acceptable)	SET	Ö	
LONGWOOD FL 32779-5044	DA E	35	
The street address of its registered office and the street address of the business office of its ras changed will be identical.		agen	t,
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	ficer so		
(Signature of an officer or director) (Printed or typed name and title	RCE	**	
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 comply of my duties, and I am familiar with and accept the obligation of my position as registered accument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	lete perfo igent. Oi confirm t	rmane r, if th hat th	ce is ie
Jo/6/06			
(Signature of Registered Agent) (Date)			
If signing on behalf of an entity:			
JAMES W HART JR (Typed or Printed 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)