

From: Gardner Brewer Martinez-Monfort
Division of Corporations

813 221 9611

12/06/2012 14:10

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

From:

Gwen Lisboa
Account Name : GARDNER BREWER MARTINEZ-MONFORT,
Account Number : I20060000058
Phone : (813)221-9600
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE

THE GROVES GOLF & COUNTRY CLUB MASTER ASSOCIATION, I

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: THE GROVES GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.
2. The principal office address: 4131 Gunn Highway, Tampa, FL 33618
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/31/2000 Document number: N00000002149

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Courtenay S. Terrell

400 N. Tampa Street, Suite 2600

Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

T. Truett Gardner, Esquire

400 N. Tampa Street, Suite 2600

P.O. Box NOT acceptable

Tampa, FL 33602

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.

x William Reinhardt
Signature of an officer or director

William Reinhardt (President)
Printed or typed name and title

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.

T. Truett Gardner
Signature of Registered Agent

12/4/12
Date

If signing on behalf of an entity:

T. Truett Gardner
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 (03/12)