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October 27, 2006

Mr. Alan Crum Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Key Vista Villas

Dear Mr. Crum:

Pursuant to our telephone conversation on October 25, 2006, enclosed is the copy of the check that was issued to the Department of State to change the Registered Agent from Community Management Services TO Resource Property Management, Inc.

You stated in our conversation that Key Vista Villas DID NOT owe the fee of \$297.50 for reinstatement. You did state that you had received the \$35.00 fee for changing the Registered Agent but needed the paperwork concerning that matter as well. Therefore, enclosed is the paperwork, along with a copy of the check that was issued on August 16, 2006.

Please change the records to reflect the change in Registered Agent from Community Management TO Resource Property Management, Inc.

I appreciate and thank you for you assistance in helping to clear up this matter.

Kathy Schafe

Sincerely,

Key Vista Villas

RESOURCE PROPERTY MANAGEMENT, INC.

Enc.

cc: Seminole office/Payables file
Turnover file

Corporate Report file

Accredited Association Management Co. (AAMC) - Website-www.resourcepropertymgmt.com

Fax: 727-866-7002

7300 Park Street Seminole, FL 33777 727-581-2662 Fax: 727-584-2118



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2006

DEBRA REINHARDT RESOURCE PROPERTY MANAGEMENT INC 28100 US HWY 19 N., STE. 305 CLEARWATER, FL 33761

SUBJECT: KEY VISTA VILLAS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N00000004735

We have received your document for KEY VISTA VILLAS HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$865.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum Document Specialist

Letter Number: 106A00052828

I letter incorrect

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## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KEY VISTA VILLAS HOMEOWNERS ASSOC, Lice, (Name of Corporation)
DOCUMENT NUMBER: N 4735
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:
Deben LEIDHREDT SSEN I III
Pesouece Peopeety Mant. 180.8
(I mireompany)
28100 US Hwy 19 N. Stz. 305
(Address)
CLEARWATER & 33761 (City/State and Zip Code)
For further information concerning this matter, please call:
DELEA KEILHARD+ at (727) 581-2661  (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

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SLUKETARY OF STATE

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

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 Torida in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Key Vista Villas Homeowoeks Assoc.		
2. The principal office address: Go Rescuece People ty Mant.		
28100 US Huy 19 N # 305, Clenewater, 8/ 33761		
3. The mailing address (if different): SAME		
4. Date of incorporation/qualification: 7-18-200 Document number: Nococoo 4735		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Community MANAGEMENT -		
5609 U.S 19 N Suite F.		
New Port Richey, Fl 34652		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
RESOURCE PROPERTY Maint.		
28100 US Huy 19 N., Ste. 305		
CLEARWATER, H 33761		
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.		
(Signature of an officer or director)		
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.		