## N01000002179

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Amendme Division o	nt Section f Corporations	
SUBJECT: E	Bay Isle at Black Lake Ho Name of C	meowners Association Corporation
DOCUMENT NU	MBER: NO1	000002179
The enclosed State	ment of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matte	er to the following:
	Spencer Name of Co	Solomon ontact Person
	Southwest Prop	erty Management
	Firm/C	ompany
		x 783367 dress
	Add	11 658
	Winter Gard	en, FL 34778 nd Zip Code
_	spencerswpm	@yahoo.com
	E-mail address: (to be used for	future annual report notification)
For further informa	ation concerning this matter, please	call:
5	Spencer Solomon	at ( 407 ) 656-1081
	me of Contact Person	at (407) 656-1081 Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Depar	tment 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 FI 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
	he corporation: Bay Isle at Black Lake Homeowners Association, Inc.
	office address: 13350 W Colonial Dr. Suite 330
Winter Ga	rden, FL 34787
3. The mailing a	ddress (if different): PD BOX 783367 Winter Garden FL 31778
4. Date of incorp	poration/qualification: 3/28/2001 Document number: N01000002179
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Spencer Solomon
	14443 Prunning Wood Place
	Winter Garden, FL 34787
6. The name and (if changed):	Spencer Solomon
	Spencer Solomon
	13350 W Colonial Dr. Suite 330
	P.O. Box NOT acceptable
	Winter Garden, FL 34787
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
45X	Alex Antoine 8/5/2009 Printed or typed name and title
I havabu agaant	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the speen position in writing of this change.
	Mature of Registered Agent Bate
•	half of an entity:
Т	yped or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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