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NUAIL <sup>-</sup> RU NC.	IN ESTATES HOMEOWNER	RS ASSOCIATION	I,   <sup> </sup>		01-29-	2004 90029 04	43 ****61.25	
rincipal Place	e of Business	Mailing Address						
	NWOOD DR. AND FL 32953	PO BOX 541622 MERRITT ISLAND	FL					
	lace of Business	3. Mailing Address		<u></u>				
Suite, Apt.	#, etc.	Suite, Apt. #, etc	».		MOO	0RE CR28	E037 (11/03)	
City & State	TISLAND FL	City & State			4. FEI Number 59-	3738579		oplied For
<sup>Zip</sup> 32953	Country	Zìp	Coun	itry	5. Certificate of Statu	s Desired	\$8.75 Add Fee Require	ditional
	6. Name and Address of Curren	t Registered Agent		Nama	7. Name and Addres	ss of New Register	red Agent	
ΜΔΕ	RKEY & FOWLER, P.A.			Name		· · ·		
25.N	ACLEOD ST.			Street Address (	P.O. Box Number is Not	Acceptable}		
MEF	RITT ISLAND FL 32953							
			F	City			FL Zip Cod	e
	named entity submits this statement f	for the purpose of change		d office or registe	red agent, or both, in the	e State of Florida. I	am familiar with,	and acce
the obligat	ions of registered agent. Signature, typed or printed name of registered ager	n and title if applicable.	(NOTE: Registered	Agent signature require	d when reinstating) \$5.00 May Be	DA Make Ch	ATE Neck Payable	
the obligat	Signature. typed or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2004	n and title if applicable. 9. Electic Trust f	(NOTE: Registered	Agent signature requirer nancing on.	d when reinstating) <b>\$5.00</b> May Be Added to Fees	D/ Make Ch Florida De	neck Payable partment of s	State
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