N01761

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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: Wekiva Springs Office Park Owners Association, Inc.
2. The principal office address: c/o Hara Management, Inc
931 S. Semoran Blvd., # 214 Winter Park, FL. 32792
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/02/1984 Document number: N01761
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Fertakis, Norma C
409 Montgomery Rd, # 101
Altamonte Springs, FL 32714  6. The name and street address of the new registered agent (if changed) and /or registered office
Hara Management, Inc  931 S. Semoran Blvd. # 214
951 5. Selliotali Bivd., # 214
(P.O. Box NOT acceptable) Winter Park, FL. 32792
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 Hostake file.  N. FERTAKIS PRES.  (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.
That Han (Signature of Registered Agent)  Way 13/20/0  (Signature of Registered Agent)
(Signature of Registered Agent) (Pate)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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