

**NO1789**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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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.\*\*

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**REGISTERED AGENT CHANGE**  
**SHADOW RUN COMMUNITY ASSOCIATION, INC.**

Certificate of Status	0
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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: SHADOW RUN COMMUNITY ASSOCIATION, INC.
- 2. The principal office address: 4902 EISENHOWER BLVD., SUITE 216 TAMPA FL 33634
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 03/06/1984 Document number: N01789

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)

REALMANAGE LLC  
4902 EISENHOWER BLVD., SUITE 216  
TAMPA FL 33634 US

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

CT Corporation System  
c/o CT Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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.

*Kimberly Baggett* \_\_\_\_\_ Kimberly Baggett, Secretary  
 Signature of an officer or director 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.

By: *Kimberly Baggett* \_\_\_\_\_ 2/2/2012  
 Signature of Registered Agent Date

If signing on behalf of an entity:  
Kimberly Baggett, Assistant Secretary  
 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 (8/05)

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