100d0000054a

(Re	questor's Name)	·		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
· (Bu	ısiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800187332978

11/08/10--01008--009 **35.00







COVER LETTER

TO:	Amendme Division of	ent Section of Corporations			
SUBJ	ECT:	Magnolia	Bay Townhom Name of C	es Associatio	n, Inc.
DOC	UMENT NI	U MBER:	N02	000000542	
The er	nclosed State	ement of Change	of Registered Offic	e/Agent and fee are	submitted for filing.
Please	return all c	orrespondence co	ncerning this matte	r to the following:	•
				Kotiah	
			Name of Co	ntact Person	
			Arthur Dovid E	Proportion Inc	
			Arthur David F		
				/	
			Р О Вох	608810	
			Add	ress	
			Orlando, Fl : City/State ar	32860-8810	
			City/State ar	nd Zip Code	
			kotiahp@ho	tmail.com	
	-	E-mail address	s: (to be used for f		t notification)
For fu	rther inform	ation concerning	this matter, please of	call:	
		Patricia Kotia	ah	at (407)	557-3679
	Na	me of Contact Pe	rson	Area Code &	557-3679 Daytime Telephone Number
Enclos	ed is a \$35.	00 check made pa	ayable to the Depart	ment of State.	
		P.O. Box	ont Section of Corporations 6327	Division Clifton l	nent Section of Corporations Building
		Tallahasse	ee, FL 32314		ecutive Center Circle see, FL 32301

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: Magnolia Bay Townhomes Association, Inc.	
2. The principal office address: 4281 Plantation Cove Dr,	
Orlando, Fl 32810	
3. The mailing address (if different): P O Box 608810 Orlando, FI 32860-8810	
4. Date of incorporation/qualification: 01/25/2002 Document number: N0200000542	
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)	
Beth A Palmer	
221 Walton Heath Dr	
Orlando, FI 32828	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Patricia Kotiah	
4281 Plantation Cove Dr	
P.O. Box NOT acceptable	
Orlando, Fl 32810	
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.	
Jonathan Hall (President) 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.	
Patricia Kohah 10/27/2010	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Arthur David Properties, Inc. 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)