N0200001082

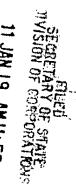
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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R.A. Charg

JAN 24 2011

EXAMINER

COVER LETTER

TO:	Amendmen Division of	t Section Corporations		·					
SUBJI	ECT:	Natures Place V	Village of Herit	tage Springs Inc.					
DOCU	J MENT NU	MBER:	N020000	001082					
The en	closed States	nent of Change of Reg	sistered Office/Age	nt and fee are submitted for filing.					
Please	return all con	respondence concerni	ng this matter to th	e following:					
		-							
	Donna Miraglia								
	Name of Contact Person								
First Choice Association Management Firm/Company									
			rimi/Compai	ıy					
4174 Woodlands Parkway									
			Address						
Palm Harbor, Florida 34684									
City/State and Zip Code									
	cam1@firstchoicenmetro.com								
	E-mail address: (to be used for future annual report notification)								
For fur	ther informa	tion concerning this m	atter, please call:						
		Les Tinus		727 785-8887					
	Nan	ne of Contact Person	at +	Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.0	0 check made payable	to the Department	of State.					
		Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					
				Tallahassee, FL 32301					

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

statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida	_		
1. The name of	the corporation: Natur	es Place Villa	ge of Heritage Spr	ings, Inc.			
2. The principal	office address: 4174 V	Voodlands Park	way				
Palm Hart	oor, Florida 34684						
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:	02/13/2002	Document number:	N0200001 9 82			
	d street address of the cu rtment of State: (If resign		nt and registered office on fi	ile with the			
	Citadel Property M	Igmt Group					
	40347 US 19 Nort	h					
	Tarpon Springs, F	lorida 34689					
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or registere	=	OLVSE STAN		
	First Choice Asso	ciation Manager	nent, Inc.		5 <u>2</u>		
	First Choice Association Management, Inc. 4174 Woodlands Parkway						
	P.O. Box NOT acceptable Palm Harbor, Florida 34684						
	Palm Harbor, Flori	da 34684		Manage Ma Manage Ma Manage Manage Ma Ma Manage Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	05.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5		
The street addr as changed will	ess of its registered offi I be identical.	ce and the street ad	dress of the business office	e of its registered agen			
Such change wauthorized by t	as authorized by resoluthe board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or ied in writing of the chang	by an officer so	ъ л		
11	Lola ure of the officer or director		Oan K. Scold	e and title	-		
I further agree of my duties, ar document is be	t the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle s been notified in writin	risions of all statute ad accept the obliga ct a change in the r	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	y. d complete performan istered agent. Or, if th hereby confirm that th	ice his he		
Jon Bio	enature of Registered Agent	 .	///30//	0	_		
If signing on he	ehalf of an entity:						
	M. NOLAN	JU.					
	Typed or Printed Name						

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