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SECRETARY OF STATE
ALLYAHASSEE, FLORIB

R.A. Charge

C.COULLIETTE

JUL 15 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Clubhouse Her Hage Property Owners A55/7 (Name of corporation)		
DOCUMENT NUMBER: 1020000/1/8		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of contact person)		
Florida Association Management (Firm/Company)		
16 W. Dakin Ave (Address)		
Kî-simme FJ 3474/ (City/state and zip code)		
For further information concerning this matter, please call:		
(Name of contact person) at (#17) #83-/30/ (Area code & daytime telephone number)		
(Name of contact person) (Area code & daytime telephone number)		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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 HOTOLA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: (Iwhhouse Her tage Property Dwners Ass
2. The principal office address: // Dakin Ave
Kissimmee, FL 34741
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: \(\begin{align*} \text{DQQQQ01118} \end{align*} \)
5. The name and street address of the current registered agent and registered office on file with the Fig. 8 Florida Department of State:
Florida Association Management, Ind
102 Park Place Blud, Ste D-2 To 3 IT
Kissimmee, FL 34741 - 25
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Florida Association Management To Dollie Boyd
(P.O. Box NOT acceptable)
Kissmnee, FL 34741
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.
(Signature of an officer or director) (Printed or typed name and title)
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 locument 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.
Malling Sand
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
Dollie Box
(Tymed profrinted Name)

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