

NO2000005309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

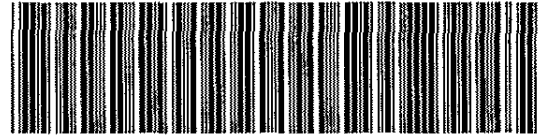
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100082152601

11/30/06 01025--001 \*\*35.00

FILED  
06 NOV 30 AM 8:23  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

RA CM CM  
11-30-06

**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: EMORY TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 1614 EOLA DRIVE  
ORLANDO, FLORIDA 32806

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/08/2003 Document number: N02000005309

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DEREK GREGG  
216 EMORY PLACE  
ORLANDO, FLORIDA 32804

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

ANH CHAU  
216 EMORY PLACE  
(P.O. Box NOT acceptable)  
ORLANDO, FLORIDA 32804

**FILED**  
06 NOV 30 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)  TONY LADO  
(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.*

anhchau 10/17/04  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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)