## #1141370 16-13 727 987 WOLAM 9 5 5 3 3 Page of 1

## Florida Department of State

Division of Corporations Public Access System

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Account Name : TAYLOR WOODROW COMMUNITIES
Account Number : I20000000218

Phone : (727)563-9882
Fax Number : (727)563-9674

I20000000218 (727)563-9882 (727)563-9674

REGISTERED AGENT CHANGE

PORTA VECCHIO III AT MEDITERRA CONDOMINIUM ASSOCIATI

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

	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this s	
	for a corporation organized under the laws of the State of	in order
to change its register	ed office or registered agent, or both, in the State of Florida.	
1. The name of the c	orporation: Porta Vecchio III At Mediterra Condominium Association, Inc.	
2. The principal office	e address: 8430 Enterprise Circle, Suite 100, Bradenton, FL 34202-4108	
3. The mailing addre	ess (if different): 8430 Enterprise Circle, Suite 100, Bradenton, FL 34202-4108	
4. Date of incorpora	fion/qualification: 07/15/02 Document number: No2000005331	
5. The name and stre Florida Departme	eet address of the current registered agent and registered office on file with the nt of State:	SEC SEC
Ke	ith E. Bass	超三
84	30 Enterprise Circle, Suite 100, Bradenton, FL 34202-4108	100 m
		ENOW IF
6. The name and str (if changed):	cet address of the new registered agent (if changed) and /or registered office	STATE OF
M	arc I. Spencer	
87	7 Executive Center Drive W., Suite 205, St. Petersburg, FL 33702-2472	
	(P.O. Box or personal mailbox NOT acceptable)	-
	of its registered office and the street address of the business office of its registered antical, uthorized by resolution duly adopted by its board of directors or by an officer so a provation has been notified in writing of the change.	
	Douglas L. Schwartz, President (Printed or types name and title)	
I hereby accept the I further agree to c duiles, and I am fa being filed merely been notified in wr	appointment as registered agent and agree to act in this capacity, omply with the provisions of all statutes relative to the proper and complete perfoniliar with and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the corpositing of this change.	rmance of my is document is tration has
Mel	11.13.03	
	Enforcement Agent) (Date)	
If signing on behal	1 of an entity:	
(1	yped or Printed Name) (Capacity)	