N02000006165

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| (enyletate/Liph Halle #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE PLORIDA

APRW3 2000 T. ROBERTS

APR U 3 2012 T. ROBERTS

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: THE RIVERWALK OF FANNINGS SPRINGS. OWNERSHIP ASSOCIATION Name of Corporation |
| DOCUMENT NUMBER: N02000006165 |
| 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: |
| STEVEN SCHIFF |
| Name of Contact Person |
| RIVERWALK OF FANNINGS SPRINGS |
| Firm/Company |
| 9955 N. KENDALL DRIVE #205 |
| Address |
| MIAMI, FL 33176 |
| City/State and Zip Code |
| STEVEN@SCHIFF.COM |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| BETTY SOSA at (305) 274-3000 |
| 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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

| statement of cha | provisions of sections 607.0502, 61 inge is submitted for a corporation r to change its registered office or | organized under th | e laws of the | State of FLO | RIDA | |
|--|---|---|---|----------------------------------|--|-----------------|
| | the corporation: THE RIVERWAL | | SPRINGS. | OWNERSHIP | ASSOCIATION | <u>I</u> W — |
| | ddress (if different): 9955 N. FL 33176 | KENDALL DRIVE | #205 | | | |
| 4. Date of incorp | poration/qualification: 08/13/200 | Docum | ent number: | N0200000 | 06165 | |
| 5. The name and | I street address of the current regist tment of State: (If resigned, enter re | ered agent and regis | | | | |
| | RON COTTERILL | | | <u></u> | 5 m | <u> </u> |
| | 1010 N. FLORIDA AVE. | | | 77 | ECR | 1 22 123 |
| | TAMPA, FL 33602 | | | | 表 30 | 77 |
| 6. The name and (if changed): | street address of the new registere | d agent (if changed |) and /or regi | stered office | M 9: 23 | O |
| | STEVEN SCHIFF | #00F | | | The state of the s | |
| | 9955 N. KENDALL DRIVE | · | | · | | |
| | MIAMI, FL 33176 | Box NOT acceptable | | | | |
| | ess of its registered office and the be identical. | | | | | |
| Such change wa authorized by th | is authorized by resolution duly a begari, or the corporation has be | dopted by its board een notified in writ | l of directors ing of the ch | or by an offi ange. | cer so | |
| l | XXXXX | STEVE | N SCHIFF | | | |
| T. 1 | e of an office or director the appointment as registered age o comply with the provisions of a | ent and agree to ac Il statutes relative | Printed or typed et in this cap to the proper | | te performance | |
| of my duties, and document is bein corporation has | the appointment as registered age o comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been niftified in writing of this ch | ne obligation of my in the registered on nange. | position as office addres | registered ag ss, I hereby co | ent. Or, if this onfirm that the | |
| | Will | | 27, 2012 | | | |
| ∕√s/gn | nature of Registered Agent | | Dat | e | | |
| If signing on bel | half of an entity: | | | | | |
| Ту | ped 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)