N02000006618

(Requestor's Name)				
(A)	Address)				
(n	Address)				
. (1	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(1	Business Entity Name)				
· (I	Document Number)				
Certified Copies Certificates of Status					
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R.A.

Brown 9-14-1)

COVER LETTER

TO:	Amendme Division o	nt Section f Corporations				
SUBJ	ECT:	Golf Lodges	s at Southpoir Name of Co	nte Ass	sociation, Inc	<u>. </u>
DOC	JMENT NU	JMBER:	N020	000006	618	
The er	iclosed State	ement of Change o	of Registered Office	e/Agent a	nd fee are submitt	ed for filing.
Please	return all co	orrespondence con	cerning this matter	to the fo	llowing:	
			Deborah Ro	ss, Esq	uire	
			Name of Cor	ntact Pers	on	
			Ross Earle &	Bonan.	P.A.	
			Firm/Co			
		78	89 S Federal Hig		Suite 101	
			Addi	ress		·····
					_	•
		····	Stuart, F City/State ar	L 34995) de	
			City/State at	iu Zip Co	ue	
	-	E-mail address:	(to be used for fi	uture anr	nual report notifi	cation)
For fu	rther inform	ation concerning t	his matter, please c	all:		
		Deborah Ross	S	at (772	287-1745
	Na	me of Contact Per	son	Ar	ea Code & Daytin	287-1745 ne Telephone Number
Enclo	sed is a \$35.	00 check made pa	yable to the Depart	ment of S	State.	
		P.O. Box 6	f Corporations ::		Street Address: Amendment Sec Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	rporations g c Center Circle

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, Floristatement of change is submitted for a corporation organized under the laws of the State in order to change its registered office or registered agent, or both, in the State	of Florida					
1. The name of the corporation: Golf Lodges at Southpointe Association	n, Inc.					
2. The principal office address: c/o Bristol Management, 543 NW Lake Whitney Place, #101,						
Port St. Lucie, FL 34986						
3. The mailing address (if different): same as above						
4. Date of incorporation/qualification: 08/29/2002 Document number:	N02000006618					
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the					
Ross Earle & Bonan, P.A.						
759 S Federal Highway, Suite 212						
Stuart, FL 34994	2011 SE					
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	IZ SSS					
Ross Earle & Bonan, P.A.						
789 S Federal Highway, Suite 101						
P.O. Box NOT acceptable	<u> </u>					
Stuart, FL 34994						
The street address of its registered office and the street address of the business office as changed will be identical.						
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change						
Muhael Thatty Michael Printed or typed name	Lattot 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 of my duties, and I am familiar with and accept the obligation of my position as regist document is being filed merely to reflect a change in the registered office address, I know the corporation has been notified in writing of this change.	complete performance tered agent. Or, if this tereby confirm that the					
Signature of Registered Agent Date						
If signing on behalf of an entity:						
Ross Gael a Robau - Deborah C. Ross						
* * * FILING FEE: \$35.00 * * *						

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314