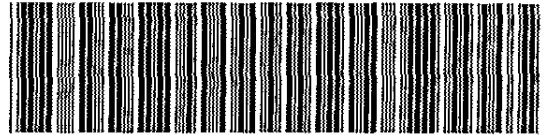


N02114

(Requestor's Name)

(Address)



300035224453



specialty management company of central florida, inc.  
882 jackson avenue • winter park, florida 32789  
407-647-2622 • 800-962-2622 • 407-647-3228 fax  
www smcpcf.com • specialty@smcpcf.com



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**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: The Lake Lotus Community Association, Inc.
2. The mailing address of the corporation is: 882 Jackson Avenue, Winter Park, FL 32789

3. Date of incorporation/qualification: 3/22/84 Document number: N02114

4. The name and address of the current registered agent and office:

Marc P. Davis  
Specialty Management Company  
of Central Florida, Inc.  
882 Jackson Avenue  
Winter Park, FL 32789

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Jeff Hall  
274 Wilshire Blvd. Suite 202  
Casselberry, FL 32707

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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.

\_\_\_\_\_  
(Signature of an officer, chairman or vice chairman of the board)

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

\_\_\_\_\_  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]  
(Signature of Registered Agent)

4/20/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

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