

11300000044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

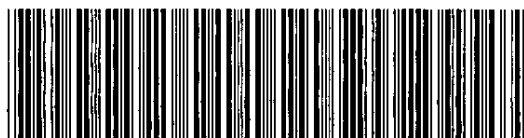
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800130660578

06/25/08--01021--006 \*\*35.00

2008 JUL 21 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RA  
Change  
Sj

7-2/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAGNOLIA Point Preserve HOA  
(Name of Corporation)

**DOCUMENT NUMBER:** NO2000009118

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:

DANIEL NEMETH  
(Name of Contact Person)

C/O  
24/7 PROPERTY MANAGEMENT, LLC  
(Firm/Company)

21148 LOS CABOS CT.  
(Address)

LAND O' LAKES, FL 34637  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Nemeth at (813) 766-9308  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2008

DANIEL NEMETH  
C/O 24/7 PROPERTY MANAGEMENT, LLC  
21148 LOS CABOS CT  
LAND O'LAKES, FL 34637

SUBJECT: CALIENTE APARTMENTS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N02000009118

We have received your document for CALIENTE APARTMENTS CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 408A00038782

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Sorry!  
Used wrong  
Doc # SHD Be  
N03 000000044  
Don't know*

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: MAGNOLIA POINT PRESERVE Homeowners' Association
2. The principal office address: c/o 24/7 PROPERTY MANAGEMENT, LLC INC.  
21148 LOS CABOS CT LAND O' LAKES FL 34637
3. The mailing address (if different): P.O. BOX 2451, LAND O' LAKES  
FL 34639
4. Date of incorporation/qualification: 01/02/03 Document number: ~~NA2000009118~~  
NO 300000044
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C/O FIRST CHOICE ASSOCIATION MANAGEMENT  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

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

C/O 24/7 PROPERTY MANAGEMENT  
21148 LOS CABOS CT  
(P.O. Box NOT acceptable)  
LAND O' LAKES, FL 34637

FILED  
2008 JUL 21 PM 1:50  
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.

John C. Larkin  
(Signature of an officer or director)

Robert C Larkin  
(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.

Daniel Nemeth  
(Signature of Registered Agent)

6/20/08  
(Date)

If signing on behalf of an entity:

DANIEL NEMETH  
(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