N03000000539

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 219800. D (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



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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, 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: DUNNS PLANTATION HOMEOWNERS ASSOCIATION, INC.
2. The principal	office address: 2180 W SR 434 STE 5000
	LONGWOOD FL 32779-5044
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 01/22/2003 Document number: N03000000539
	d street address of the current registered agent and registered office on file with the rement of State:
	CARR, LAUREN E
	ONE SAN JOSE PLACE SUITE 34
	JACKSONVILLE FL 32257
6. The name and street address of the new registered agent (if changed) and /or registered of the life (if changed):	
	JAMES W HART JR
	2180 W SR 434 STE 5000 등 등 다
,	LONGWOOD FL 32779-5044
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, 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.	
(Signation	Draneus-Witite-Profitory The of an officer or director) (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.	
viet (Si	gnature of Registered Agent) (Date)
If signing on behalf of an entity:	
JAMES W H	HART JR
(Typed or Printed Name)	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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