NO4000009194

| SCITRY Management 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 910770- F | IZC. | |
|---|------|--|
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Name) | | |
| , | | |
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| (Document Number) | | |
| Certified Copies Certificates of St | atus | |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
ANALYSEE. FLORIDA

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C.A. Change

C. Coulliette OCT 1 8 2007

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of FLOF er to change its registered office or registered agent, or both, in the State of Florida | RIDA | |
|-------------------------------------|---|----------------------|-------------|
| 1. The name of | the corporation: FULLER'S LANDING AT WINTER GARDEN HOMEOWNERS | ASSOCIATION, | INC. |
| | office address: 2180 W SR 434 STE 5000 | | _ |
| | LONGWOOD FL 32779-5044 | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 09/24/2004 Document number: N0400000919 | 4 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: | | |
| | PRATT, JAMES R ESQ | | |
| | /369 N NEW YORK AVE 3RD FLOOR | | |
| | WINTER PARK FL 32789 | | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | | |
| | JAMES W HART JR | O S | |
| | 2180 W SR 434 STE 5000 | 07 OCT SECRETA | |
| | (P.O. Box NOT acceptable) | T 15 ETAR HASS | -H- |
| | LONGWOOD FL 32779-5044 | <u>∸</u> ~ | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered. | stered agent, 70 | <u>.</u> |
| Such change wa authorized by the | as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change. | er so PATE 22 | |
| | upe of the officer or director) The second of the second | | |
| | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agering filed merely to reflect a change in the registered office address, I hereby cons been notified in writing of this change. | | |
| | gnature of Registered Agent) / (Date) | | |
| | chalf of an entity: | | |
| JAMES W I | 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 * * *