Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

NORTH 232 PROPERTY OWNERS' ASSOCIATION, INC

Certificate of Status	0
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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFF FOR CORPORA

statement of cl	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut hange is submitted for a corporation organized under the laws of the State of Florid der to change its registered office or registered agent, or both, in the State of Florid	da		
1. The name o	f the corporation: North 232 Property Owners' Association, Inc.			
2. The princip	al office address; 2940 Sports Core Circle, Wesley Chapel, FL 33543			
3. The mailing	address (if different):			
4. Date of inco	orporation/qualification: 12/20/2004 Document number: N040000118	53		
	nd street address of the current registered agent and registered office on file with the	:		
	Alleen S. Davis			
	401 E. Jackson Street, Suite 1700			
	Tampa, FL 33602	TAC 38	07	-
6. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered office	CRETARY OF L L'AHASSEE FI	AUG	7
	American Information Services, Inc.	338 10 A.1	0	[]
	401 E. Jackson Street, Suite 1700		: } }	
	(F.O. Box NOT acceptable) Tampa, FL 33602	STATE ORIDA	9	
-	lress of its registered office and the street address of the business office of its registle be identical.		gent,	
authorized by	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so		
ray	Craig B. Weber, Director (Printed or typed dame and title)		<u></u>	
I hereby accept further agreed for my duties, a document is become the corporation hereby	of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered ag eing filed merely to reflect a change in the registered office address, I hereby ca as been notified in writing of this change.	e p er form ent. Or enfirm tha	nance if this it the	
Delor	Signature of Registered Assenti Most, Secretary (Date)			
If signing on l	behalf of an entity:			
Deborah	L. Evans (Typod or Printed Name)			
	* * * FILING FEE: \$35.00 * * *			
1	Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231	4		
CR2E045 (8/05)			3)))	_