1000011891

- sentf	7	_	_			
2180 W State F Longwood FL	Road 434 Ste 32779-5044		_			
(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						



300104312913

06/15/07--01014--019 **35.00

)7 JUN 15 AM 8: 29 SEURL FARY OF STATE ALLAHASSEE, FLORIDA

2 Janes

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

statement of cha	nge is submitted for a corp	oration organized	97.1508, or 617.1508, Florida under the laws of the State of agent, or both, in the State of	FLORIDA
1. The name of t	he corporation: FOXBOR	OUGH OF LAK	E COUNTY HOMEOWNE	ERS ASSOCIATION, IN
	office address: 2180 W S			
		OOD FL 3277		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/	20/2004	Document number: N0400	00011891
	street address of the current truent of State:	nt registered agent	and registered office on file w	vith the
	RELIABLE PROP	ERTY MANA	GERS	SEC
	4250 ALAFAYA T	RAIL, SUITE	E 212-345	ARE
	OVIEDO FL 3276	5		SSEE
6. The name and (if changed):	street address of the new r	egistered agent (if	changed) and /or registered of	EFFLORIE
	JAMES W HART	JR		- Division 1
	2180 W SR 434 S			·
	LONGWOOD FL	x NOT acceptable) 32779-5044		<u> </u>
The street addre	ss of its registered office a be identical.	and the street addr	ess of the business office of	its registered agent,
Such change wa authorized by th	is authorized by resolution te board, or the corporation	ı duly adopted by n has been notific	its board of directors or by a d in writing of the change.	n officer so
(Signatu	re of an officer or director)		(Printed or typed name and	d title)
l further agree t of my duties, an document is beil	the appointment as regists o comply with the provision of I am familiar with and a ng filed merely to reflect of been notified in writing of	ons of all statutes in accept the obligation of change in the res	ree to act in this capacity. relative to the proper and co on of my position as register sistered office address, I here	omplete performance ed agent. Or, if this eby confirm that the
200	\sim		6-5-07	
	nature of Registered Agent) half of an entity:	/	(Date)	/
JAMES W H	•			
(T	yped or Printed Name)	······································	35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)