170 N05000002795 (Requestor's Name) (Address) 400085586254 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 04/06/07--01003--023 **35.00 (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status APR-3 PH 2:3 Special Instructions to Filing Officer: ယ် RA chy, Office Use Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR C@%PORATIONS

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 $10e_{0}$ and $10e_{0}$ and

1. The name of the corporation: SOUTHPORT BAY Phose I HOMEOWNERS' ASSOCIATION,
2. The principal office address: 901 NORTH LAKE DESTING PRINCE SUITELID
MOIRAND FZ. 30757
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/17/05 Document number: 10500002795
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
WILLIAM A DECKETT ESP EV S
215 NORTH FOLA DRIVE
ORLANDOFL 32801 BE is In F.
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): ROBIN WEBB
901 NORTH LAKE DESTINI, DRIVE, SUITE 110 (P.O. BOX NOT acceptable)
Mairinip, FL. 32751
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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.

RESTORNT ESTER of a 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 pchange in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

signing on behalf of an entity:

(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

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