

N05000009195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

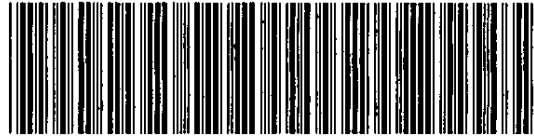
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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8-14-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRADO LA VISTA UNIT I HOMEOWNERS ASSOCIATION, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** N05000009195

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

JEREMIAH JOHNS  
(Name of contact person)

PRADO LA VISTA UNIT I HOMEOWNERS ASSOCIATION, INC  
(Firm/Company)

P.O. BOX 141586  
(Address)

GAINESVILLE, FL 32614  
(City/state and zip code)

For further information concerning this matter, please call:

JEREMIAH JOHNS at (352) 514 8822  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: PRADO LA VISTA UNIT I HOWEOWNERS ASSOCIATION, INC.

2. The principal office address: 12469 WEST SR 100, LAKE BUTLER, FL 32054

3. The mailing address (if different): P.O. BOX 233, LAKE BUTLER, FL 32054

4. Date of incorporation/qualification: 9/08/2005 Document number: N05000009195

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

EVERY C. ROBERTS

12469 WEST SR 100

LAKE BUTLER, FL 32054

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JEREMIAH JOHNS

8220 SW 44th Terrace

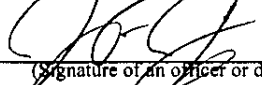
(P.O. Box NOT acceptable)

Gainesville, FL 32608

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TALLAHASSEE, FLORIDA

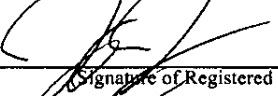
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
(Signature of an officer or director)

Jeremiah Johns  
\_\_\_\_\_  
(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.*

  
\_\_\_\_\_  
(Signature of Registered Agent)

7-30-08  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:  
\_\_\_\_\_  
(Typed or Printed Name)

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