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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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2010 APR = 1 PH (2: 3)
SECRETARY OF STATE
TALL AHASSEE FI ORIT

BOR 4 /2/10

COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: Vista Cay at Harbor Squar | e Master Community Associated Corporation | | | | |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: N | 05000011015 | | | | |
| The enclosed Statement of Change of Registered O | office/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this m | atter to the following: | | | | |
| | | | | | |
| | rt L. Tankel | | | | |
| Name of | Contact Person | | | | |
| Robert I | L. Tankel, P.A. | | | | |
| Firm/Company | | | | | |
| | | | | | |
| 1022 Main Street, Suite D | | | | | |
| Address | | | | | |
| | | | | | |
| Dunedin, FL 34698 | | | | | |
| City/State and Zip Code | | | | | |
| bob@cond | ocollections.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | |
| For further information concerning this matter, ple | ase call: | | | | |
| Robert L. Tankel | at (727) 736-1901 | | | | |
| Name of Contact Person | at (727) 736-1901 Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the De | epartment of State. | | | | |
| Mailing Address: | Street Address: | | | | |
| Amendment Section | Amendment Section | | | | |
| Division of Corporation | s Division of Corporations | | | | |
| P.O. Box 6327 | Clifton Building | | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | | |
| | Tallahassee, FL 32301 | | | | |

ROBERT L. TANKEL, P.A.

Robert L. Tankel Of Counsel: Anne M. Malley Jerrold J. Golson Attorney at Law
1022 Main Street, Suite D
Dunedin, Florida 34698
www.condocollections.com

Voice: 727.736.1901 Fax: 727.736.2305

Email: Bob@condocollections.com

Toll Free: 1.888.Condo-Law

March 26, 2010

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Change of Registered Agent

Gentlemen:

Please find enclosed a Statement of Change of Registered Office or Registered Agent or Both For Corporations for Vista Cay at Harbor Square Master Community Association, Inc. Also, enclosed is our check #26261 in the amount of \$35.00 for the filing fee of same.

If you have any questions regarding the enclosed, please give us a call.

Sincerely yours,

ROBERT L. TANKEL, P.A.

Robert L. Tankel, Esquire

RLT/nm

Enclosures

W:\R-thru-Z\Vista Cay Master\Ltr to Secretary of State.wpd

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

| statement of cha | provisions of sections 607.0 nge is submitted for a corp r to change its registered o | oration organized | under the laws of the State | e of Florida | | |
|---|--|--|---|---|--|--|
| 1. The name of the corporation: Vista Cay at Harbor Square Master Community Association, In | | | | | | |
| 2. The principal Orlando, F | office address: 5334 Cel | ntral Florida Pa | rkway #302 | | | |
| | ddress (if different): same | e | | | | |
| 4. Date of incorp | poration/qualification; | 10/26/2005 | _ Document number: | N05000011015 | | |
| | d street address of the curre trnent of State: (If resigned | | and registered office on fi | le with the | | |
| | Barry J. Caplan, Acc | ess Residentia | al Management LLC | <u> </u> | | |
| | 5334 Central Florida Parkway, Suite 302 Orlando, FL 32821 | | | | | |
| | Orlando, FL 32821 | | | CRET AR | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Robert L. Tankel | | | | | | |
| | | | | — \$ 3 | | |
| | 1022 Main Street, Suite D P.O. Box NOT acceptable | | | | | |
| | Dunedin, FL 34698 | | | | | |
| The street addr as changed wil | ess of its registered office be identical. | and the street add | ress of the business office | e of its registered agent, | | |
| Such change w authorized by t | as authorized by resolution he board, or the corporation | n duly adopted by on has been notific | its board of directors or led in writing of the chang | by an officer so e. | | |
| Signali | re of an officer or director | | LARAINE FR | AHM e and title | | |
| I hereby accep. I further agree of my duties, an document is be corporation ha | the appointment as regis to comply with the provisi nd I am familiar with and ing filed merely to reflect s been notified in writing | tered agent and a ions of all statutes accept the obligat a change in the re of this change. | gree to act in this capacit i relative to the proper an tion of my position as reg egistered office address, I | y. d complete performance istered agent. Or, if this hereby confirm that the | | |
| | Signature of Registered Agent Date | | | | | |
| · | enature of Registered Agent chalf of an entity: | | Date | | | |
| | | | | | | |
| | Robert L. Tankel Typed or Printed Name | | | | | |

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