N06000000972

| (Re | equestor's Name) | | | | |
|---|---------------------------------------|-------------|--|--|--|
| (Ad | dress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phon | ne #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Na | me) . | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| , | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |

Office Use Only



700186373667

10/12/10--01060--005 **210.00

10 OCT 12 AM ID: LS

C.COULLIETTE

OCT 14 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Stone Island-Willow Creek Homeowners Association Name of Corporation N0600000972 DOCUMENT NUMBER:_ 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: John C. Gray, Jr. Name of Contact Person Stone Island-Willow Creek Homeowners Association, Inc. Firm/Company 1525 International Parkway, Suite 4051 Address Lake Mary, Florida 32746 City/State and Zip Code jgray@pinnacleorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John C. Gray, Jr Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

| Pursuant to the provisions of statement of change is submit in order to change | nitted for a corporation o | | s of the State of Florida | |
|--|--|--|--|--|
| The name of the corporate | _ | | • | ociation. Inc |
| 2. The principal office addr | | | | |
| Lake Mary, Florida | 327/6 | | | |
| 3. The mailing address (if d | | | | |
| 4. Date of incorporation/qua | alification: 1/30/2 | 006 Document nu | ımber: N06000 | 000972 |
| 5. The name and street addr Florida Department of St | | | office on file with the | |
| Gary Sa | alzman, Gray Robins | son PA | | |
| 301 E P | ine Street, Suite 14 | 00 | | |
| ORLANI | DO FL 32801 | | | - |
| 6. The name and street addr (if changed): | ress of the new registered | l agent (if changed) and | /or registered office | ISION OF CORPORATION OF LAND STATE |
| John C. | Gray, Jr. | | | A SY |
| 1525 Int | emational Parkway | | | # 0; *POR |
| Lake Ma | P.O.B ary, Florida 32746 | ox NOT acceptable | | ATIONS 45 |
| The street address of its repas changed will be identical | gistered office and the s | street address of the busi | iness office of its registe | red agent, |
| Such change was authorized authorized by the board of | | | | |
| Signalary of an officer | or director | | C. Gray, Jr., Presider | <u>ıt</u> |
| I hereby accept the appoint I further agree to comply we of my duties, and I am family document is feing filed me corporation has been notification. | tment as registered age vith the provisions of al iliar with and accept th rely to reflect a change tedin writing of this ch | nt and agree to act in th I statutes relative to the e obligation of my posit in the registered office ange. | his capacity. proper and complete pe tion as registered agent. address, I hereby confir | erformance Or, if this om that the |
| John Los | hough | | 9/3/10 | |
| Signature of Regist If signing on behalf of an e | | | pate* | |
| John C. G Typed or Printed | ray, Jr. | | | |

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