

NO6000003832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

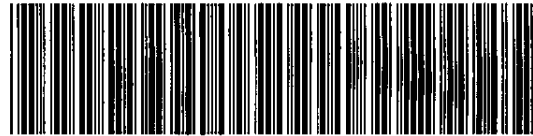
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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eagle Bay Townhomes of Osceola County Homeowng  
Name of Corporation

**DOCUMENT NUMBER:** N06000003832

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:

Wade Bray  
Name of Contact Person

RealManage  
Firm/Company

5401 Kirkman Rd., Ste 318  
Address

Orlando, FL 32819  
City/State and Zip Code

Transition@RealManage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wade Bray-Director at ( 866 ) 473-2573  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Eagle Bay Townhomes of Osceola County Homeowners As
2. The principal office address: 4902 Eisenhower Blvd Ste 216  
Tampa, FL 33634-6323
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/06/2006 Document number: N06000003832
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Association Solutions of Central FL, Inc.

241 Ruby Avenue

Kissimmee, FL 24741

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

RealManage, LLC

5401 Kirkman Rd., Ste 318

P.O. Box NOT acceptable

Orlando, FL 32819

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.

Gerald Harrington  
Signature of an officer or director

Gerald Harrington President  
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.*

Wade Bray  
Signature of Registered Agent

8/9/2010  
Date

If signing on behalf of an entity:

Wade Bray- Director  
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