

N06000003956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

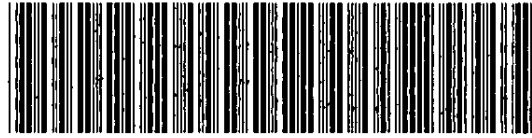
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seven Dwarfs Condominium Association, Inc
(Name of Corporation)

DOCUMENT NUMBER: NO6 00000 3956

The enclosed Statement of Change of Registered Office/Agent and fec are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Torres
(Name of Contact Person)

2600 Jonagda Blvd
(Firm/Company)

(Address)

Kissimmee, FL 34746
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Torres at (407) 396-0673
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2008

JOE TORRES
2600 JONAGOLD BLVD
KISSIMMEE, FL 34746

SUBJECT: SEVEN DWARFS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000003956

We have received your document for SEVEN DWARFS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 108A00040478

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Seven Dwarfs Condominium Association Inc
- 2. The principal office address: 2600 Jonagold Blvd Kissimmee, FL 34746
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: NO 6000000000 3956

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Seven Dwarfs Condominium Association, Inc
c/o: The Continental Group, Inc. Registered Agent
1350 Orange Ave, Ste #100, Winter Park, FL 32789

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joe Torres
(P.O. Box NOT acceptable)
2600 Jonagold Blvd, Kissimmee, FL 34746

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]
(Signature of an officer or director)

ERIC MARQUETTE - 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.

[Signature]
(Signature of Registered Agent)

6-2-08
(Date)

If signing on behalf of an entity:
Joe Torres
(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 32316

