1106000005860

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 (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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2006 MAR IL AH IO: 4 SECRETARY OF STATE ALTEAHASSEE, FLORIC

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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 Stat			
statement of change is submitted for a corporation organized under the laws of the State of <u>FL</u> in order to change its registered office or registered agent, or both, in the State of Flor			
1. The name of the corporation: WEST WIND OAKS HOMEOWNERS ASSOCIATION	, INC.		
2. The principal office address: 2180 W SR 434 STE 5000	•		
LONGWOOD FL 32779-5044			
3. The mailing address (if different):		-	
4. Date of incorporation/qualification: 05/31/2006 Document number: N0600000)5860		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:			-
DEARING, MARK C			
9456 PHILIPS HIGHWAY SUITE 1			
JACKSONVILLE FL 32256	TASF	200	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	CRETA LAHAS	2008 MAR 14	CETAMOR GROUND
JAMES W HART JR	RY O		
2180 W SR 434 STE 5000	FL	AM 10:	C
(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	RE	±	
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The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered	agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board of the corporation has been notified in writing of the change.	ficer so		
(Signature of an orner of director) William E. Basfiele (Printed or typed name and title)	الم		
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hereby o corporation has been notified in writing of this change.	ete perfo gent. Or confirm t	rmance ; if this hat the	
2/28/08			
(Signature of Registered Agent) (Date)			
If signing on behalf of an entity:			
JAMES W HART JR (Typed or Printed Name)			
* * * RIT ING REE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)