N06000010959

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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: Middlebrooke at Ave Maria Recrea	tion Association, Inc.
Name of C	Corporation
DOCUMENT NUMBER: N06	000010959
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Donna N	//cDonald
Name of Co	ontact Person
Capital Realty	Advisors, Inc.
Firm/C	ompany
	Drive, Suite 109
Ado	dress
Palm Beach Ga City/State a	rdens, FL 33403 nd Zip Code
lmoore@capitalre	altyadvisors.com
	future annual report notification)
For further information concerning this matter, please Christine Luce	
Name of Contact Person	at (561) 624-5888 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	rtment 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

TO:

Amendment Section

* 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 tatement 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.	
. The name of the corporation: Middlebrooke at Ave Maria Recreation Association, Inc.	
The principal office address: c/o Capital Realty Advisors, Inc., 600 Sandtree Drive, Suite 109	
Palm Beach Gardens, FL 33403	
. The mailing address (if different):	
Date of incorporation/qualification: $10/19/2006$ Document number: N06000010959	
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) Bechtel, Rick c/o Integrated Property Management	: :-1
Bechtel, Rick c/o Integrated Property Management	37 7 7
3435 10th Street North, Suite #201	19.5 200
3435 10th Street North, Suite #201 Page Street North	
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SHO
Donna McDonald, c/o Capital Realty Advisors, Inc.	
600 Sandtree Drive, Suite 109	
P.O. Box NOT acceptable	
Palm Beach Gardens, FL 33403	
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	,
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Signature of an officer or director Signature of an officer or director Printed or typed name and fille	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	e s
Sonna M'Donald 10/21/09	
figuring on hobels of an entity:	
f signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	