N0700009475

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OIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations				
	nhomes Section I Neighborhood Association, Inc.			
	of Corporation			
DOCUMENT NUMBER:	N07000009475			
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:			
Donna McDonald Name of Contact Person				
Name	of Contact Person			
Capital Realty Advisors, Inc.				
Firm/Company				
600 Sand	tree Drive, Suite 109			
	Address			
Palm Reach Gardens, El. 33403				
Palm Beach Gardens, FL 33403 City/State and Zip Code				
Imoore@capitalrealtyadvisors.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, p	lease call:			
Christine Luce	at (561) 624-5888			
Name of Contact Person	at (561) 624-5888 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the	Denartment of State			
Eliciosed is a \$55.00 check indee physicie to the	Dopar Interior Of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporation				
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314				
	Tallahassee, FL 32301			

TO:

Amendment Section

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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat inge is submitted for a corporation organized under the laws of the State of Flo	
in orde	r to change its registered office or registered agent, or both, in the State of Flor	ida.
1. The name of t	he corporation: Middlebrooke at Ave Maria Townhomes Section I Neig	hborhood Association, INC.
2. The principal	office address: c/o Capital Realty Advisors, Inc.	
	600 Sandtree Drive, Suite 109, Palm Beach Garder	ns, FL 33403
3. The mailing a	ddress (if different):	<u> </u>
4. Date of incorp	poration/qualification: 09/25/2007 Document number: N07	000009475
	I street address of the current registered agent and registered office on file with the thrent of State: (If resigned, enter resigned)	he
	Integrated Property Mgmt, Inc.	
	3435 10th Street N., #201	- 2
	Naples, FL 34103 US	09 NOI 90 100 100 100 100 100 100 100 100 100
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	OS NOV 10 PM
	Donna McDonald c/o Capital Realty Advisors, Inc.	ORANA ORANA
	600 Sandtree Drive, Suite 109	TIONS
	P.O. Box NOT acceptable	To
	Palm Beach Gardens, FL 33403	
The street addre as changed will	ess of its registered office and the street address of the business office of its rebe identical.	egistered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	
Signatur	Scor B Zooks - Printed or typed name and little	Président
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby o been notified in writing of this change.	ete performance gent. Or, if this confirm that the
Donna	MStonell 10-26-09 nature of Registered Agent Date	
If signing on be	half of an entity:	
DONNA I	WCDONALO yped or Printed Name	

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