

N10900

(Requestor's Name)

POTTER CLEMENT LOWRY
ATTORNEYS AT LAW
308 EAST FIFTH AVENUE
MOUNT DORA, FL

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

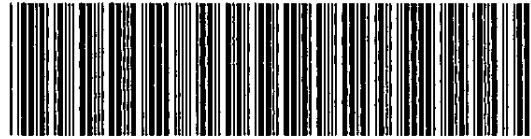
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Change

07/23/12

De

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: SHADOW HARBOUR CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 343 MCDONALD STREET, MOUNT DORA, FL 32757
3. The mailing address (if different): 343 MCDONALD STREET, APT. 202, MOUNT DORA, FL 32757

4. Date of incorporation/qualification: 08/29/1985 Document number: N10900
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)

CLAYTON H. BLANCHARD, JR.

35 E. PINEHURST BLVD.

EUSTIS, FL 32726

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

JOSEPH N. ALEXANDER

308 EAST FIFTH AVENUE

P.O. Box NOT acceptable

MOUNT DORA, FL 32757

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 of an officer or director

GEORGE R. KLEB, 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 of Registered Agent

Date _____

If signing on behalf of an entity:

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
CR2E045 (03/12)