

U1100000 3827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Old San Jose On The River Master Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N11000003827

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:

Lea Frazier  
Name of Contact Person

Vista Community Association Management  
Firm/Company

PO Box 162147  
Address

Altamonte Springs, FL 32716  
City/State and Zip Code

lfrazier@vista-cam.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lea Frazier at ( 407 ) 682-3443 ext 232  
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

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: Old San Jose On The River Master Association, Inc
2. The principal office address: 225 S Westmonte Drive, Suite 3310, Altamonte Springs, FL 32714
3. The mailing address (if different): PO Box 162147, Altamonte Springs, FL 32716
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N11000003827
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)

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

Vista Community Association Management

225 S Westmonte Drive, Suite 3310

P.O. Box NOT acceptable

Altamonte Springs, FL

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 the board of directors or by an officer so  
authorized by the board, or the corporation has been authorized in writing of the change.

[Signature]  
Signature of an officer or director

Brian Wilson, 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.

Margo Pfauzer  
Signature of Registered Agent

6-15-2011  
Date

If signing on behalf of an entity:

Margo Pfauzer  
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 (8/05)