N1100003827

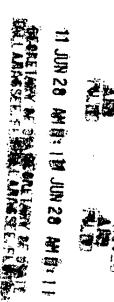
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COVER LETTER

SUBJECT: Old San Jose On The River	Master Association, Inc		
Name of Co	orporation		
DOCUMENT NUMBER: N110	000003827		
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 Fr	razier		
Name of Con			
Vista Community Assor			
Thinkee	pan.y		
PO Box 162147			
Addr	ress		
Altamonte Sprir City/State an	ngs, FL 32716 d Zip Code		
lfrazier@vista	a-cam.com		
E-mail address: (to be used for fu	iture annual report notification)		
For further information concerning this matter, please ca	all:		
Lea Frazier Name of Contact Person	at (407) 682-3443 ext 232 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department	ment 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

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo ir to change its registered office or regis	unized under the laws of the Sta	te of Florida	
1. The name of t	the corporation: Old San Jose O office address: 225 S Westmonte	n The River Master A	ssociation, Inc	<u>-</u>
3. The mailing a	ddress (if different): PO Box 16214	7, Altamonte Springs, FL	. 32716	
4. Date of incorp	poration/qualification:	Document number:	N11000003827	
	I street address of the current registered trnent of State: (If resigned, enter resign		file with the	
				zi.
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or register	red office	11 28
(ii changed).	Vista Community Association I	Management		圣丽
	225 S Westmonte Drive, Suite	3310 OT acceptable		سييد
	Altamonte Springs, FL	·		
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the siness office	e of its registered agent	Į.
Such change wa authorized by th	as authorized by resolution duly ador- ne board, or the corporation has b	a of directors or writing of the chang	by an officer so	
Signatur	re of an officer or director	Brig William Printed or typed nan	President from the and title	
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ol ng filed merely to reflect a change in t s been notified in writing of this chang	and agree to act in this capaci atutes relative to the proper an bligation of my position as reg the registered office address, i e.	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the	
M and	nature of Registered Agent	G-15-3	2011	
If signing on be	half of an entity:			
	Margo Pfauser yped or Printed Name			
·	* * * FILING F	EE: \$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)

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