## N11000005951

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## **COVER LETTER**

TO: Amendn Division	nent Section of Corporations	
SUBJECT:	THE WINDWARD ON LAKE CO	NWAY CONDOMINIUM ASSOCIATION, INC
DOCUMENT N	NUMBER:N11000005951	
The enclosed Sta	atement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter t	o the following:
	Faith Mburu	
	Name of Contr	act Person
	Paracorp Inco	orporated
	Firm/Con	ipany
	2804 Gateway Oaks I	
	Addre	SS
	Sacramento, CA 95	8833
	City/State and	Zip Code
	PARACORPSAC@MYPARACORI E-mail address: (to be used for fut	
For further infor	mation concerning this matter, please ca	11:
Ninh Ho		at ( 800 )533-7272
	Name of Contact Person	at ( 800 )533-7272  Area Code & Daytime Telephone Number
Enclosed is a \$3:	5.00 check made payable to the Departm	ent 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:

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

Pursuant to the provisions of statement of change is submitted in order to change its	ed for a corporation orga	utized under the laws of the S	itate of Florida
1. The name of the corporation	1: THE WINDWARD OI	N LAKE CONWAY CONDON	MINIUM ASSOCIATION, INC
2. The principal office address			
2. The principal office address	BELLE ISLE FL 32812	and a second	HAMMA COLUMN TO A A AMARIA STREET, AND A ANALYSIS A
3. The mailing address (if diff	erent): 2160 KINGST(	ON CT SUITE B	
	MARIETTA, GA		
4. Date of incorporation/qualit	ication: <u>6/20/2011</u>	Document number:	N11000005951
5. The name and street address Florida Department of State			n tile with the A
R	ESIGNED	agad Williamson and an annual and an and	_ 2 3 3
			(1.3) mag (3.3)
6. The name and street address (if changed):	of the new registered ago	ent (if changed) and for regist	ered office
PAR	ACORP INCORPORATE	ED	**************************************
236 8	EAST 6TH AVENUE		
	P.O. Box NO	Tacceptable	
TALI	_AHASSEE FL 32303 US		WAY 1978/MANA No bay
The street address of its regist as changed will be identical.			
Such change was authorized by the board, or the	ov resolution duly adopted corporation has been no	d by its board of directors or stiffed in writing of the chan	by an officer so ge.
Supplies of St. Officer or d	IF PASS AT	Therens 4 for 62 c.	As a
I hereby accept the appointme I hether agree to comply with performance of my duties, and agent. Or if this document is hereby confirm that the corpo	ont as registered agent at the provisions of all sta ti am familiar with and a being filed merely to ref	el agree to act in this capact tutes relative to the proper a accept the obligation of my f lact a change in the register.	ity, Ad complete Position as registered
Mull		August 29 2012	
Signature of Registere.	Agent	Uste	· · · · · · · · · · · · · · · · · · ·
If signing on behalf of an enti	iy.		
Ninn Hc. Assistant Secretary Typed or Printed Nam	se		
	* * * FILING FF	EE: \$35.00 * * *	