2003 NOT-FOR-PROFIT CORPORATION

1. Ently-same HUNTINGTON WOODS HOMEOWNERS ASSOCIATION. INC. OF LEE COUNTY Principal Place of Bediences Maritin-Address M	U	AILOKM BOSINE	292 KEPUKI	(OBK)	Api	30, 200	J 0.00	am
Principal Place of Dushmas Mailing Address 1501 HUNTINGTON CT. 1501 HUNTINGTON C					Secretary of State 04-30-2003 90069 028 ****61.25			
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English State Number Part			3. Mailing Address 15371 HUNTING	ton ct.				
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Signature part of registered agent. Signature p	City & Star	Tivers tl.		F1.	4. FEI Number 6	5-0180837	—————————————————————————————————————	
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FALL RICHARD 1543 HUNTINGTON CT. FT. MYERS FL 33912 Street Address (PO. Box Number is Not Acceptable). 15 37 Huntington Court. FL		b. Name and Address of Current	Hegistered Agent		- IZ *-> C *-	+ new Hegister	ed Agent	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agent. SIGNATURE Leo Boisvert PD Signature Type or or more of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agent. FILE NOW: FEE IS \$61.25 9. Eloction Campaign Financing St.0.0 May Be Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 FALL RICHARD SIBERT ADDRESS 15401 HUNTINGTON CT. FT. MYERS Ft. 33912 TITLE NAME STREET ADDRESS 15401 HUNTINGTON CT. FT. MYERS Ft. 33912 TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-2IP FT. MYERS Ft. 33912 TITLE NAME STREET ADDRESS CITY-ST-2IP FT. MYERS Ft. 33912 TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Dele					dress (P.O. Box Number is N			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. Company Co	· •			City	t. Muers		FL Zip Cod	915
SIGNATURE Signature, Type or period name of registered agent and title / applicable. (NOTE: Registered Agent signature required when remasking) DATE			r the purpose of changing its regi			the State of Florida.	am familiar with,	and accept
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ≤