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SECRETARY OF STATE TALLAHASSEE. FLORIDI

RARDICHS Maidiul09

COVER LETTER

Division of	Corporations						
SUBJECT: The Woods of Forest Lakes Homeowners Association Name of Corporation							
	1 101111	Co. por 					
DOCUMENT NU	MBER:	N3366	0				
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:							
-	Diana Savasta, Records Administrator Name of Contact Person						
	name of	Contact Per	SON				
Scannavino, Inc.							
	Firm	n/Company					
	700 December	. One als Div	.4 #000				
	720 Brooker	Address	d. #206				
	•	nuuless					
	Oldsm	ar El 346	77				
Oldsmar, FL 34677 City/State and Zip Code							
	dsavasta@r	namt-asso	c com				
_	E-mail address: (to be used f	or future an	nual report notification)				
For further information concerning this matter, please call:							
	Diana Savasta	at (813 433-2	2030			
Nan	ne of Contact Person	Aı	rea Code & Daytime Telepho	one Number			
Enclosed is a \$35.0	0 check made payable to the De	epartment of	State.				
	Mailing Address:		Street Address:				
	Amendment Section		Amendment Section				
	Division of Corporation	S	Division of Corporations	S			
	P.O. Box 6327		Clifton Building	?:1.			
	Tallahassee, FL 32314		2661 Executive Center (Jircie			

Tallahassee, FL 32301

TO: Amendment Section

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

statement of cha	mge is submitted for a co	orporation organize	607.1508, or 617.1508, Flori d under the laws of the State d agent, or both, in the State	of_Florida		
	the corporation: The V			ers Association, Inc.		
	Oldsm	ar, FL 34677				
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	02/23/1999	Document number:	N33660		
	I street address of the cur tment of State: (If resign		nt and registered office on file	e with the		
	James W. Hart, Jr.	, Sentry Manag	ement, Inc.			
	2180 W. State Road 434, Suite 5000					
	Longwood, FL 327	79-5044				
6. The name and (if changed):	I street address of the nev	w registered agent (i	if changed) and /or registered	SECRETARSSEE, TO PH 2:50		
	Scannavino, Inc.			- 60 EE.		
	720 Brooker Creek	 		*		
	Oldsmar, FL 34677	P.O. Box NOT ac	ceptable	58		
The street addre			dress of the business office			
Such change wa authorized by th	as authorized by resolution board, or the corporation	ion duly adopted by tion has been notifi	y its board of directors or by led in writing of the change.	y an officer so		
Signard	to de la		Brancy Fot			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as region comply with the provi of Comply with the provi of I am familiar with and ng filed merely to reflect been notified in writing	istered agent and a isions of all statute d accept the obliga t a change in the r g of this change.	gree to act in this capacity. s relative to the proper and tion of my position as regist egistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the		
WOULLINE Sign	Agumavi nature of Registered Agent	mo_	10/13/09 Date			
If signing on be	half of an entity:	- W	•			
Demin	yped or Printed Name	AVINO				

* * * FILING FEE: \$35.00 * * *