N36337

(Requestor's Name)
(Address)
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MA Change Thereis FILED

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SECRETARY OF STATE

07/05/06--01029--009 **35.00

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

statement of change is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, ation organized under the laws of the State of FLORIce or registered agent, or both, in the State of Florida.		
1. The name of the corporation: CRYSTAL L	AKE MANUFACTURED HOME COMMUNITY AS	SSOCIATIO	ON,INC
2. The principal office address: 2180 W SR LONGWOOD, FL 32779-5044	434 STE 5000		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 01/29	/1990 Document number: N36337		
5. The name and street address of the current re Florida Department of State:	registered agent and registered office on file with the	_1	
GOLFES, ROBERTA	A A	OG SECI	
5010 COUNTRY LA			<u>T</u>
FT MYERS FL 3390		18 J	
6. The name and street address of the new regi (if changed):	istered agent (if changed) and /or registered office	SO SO MA	
JAMES W HART JE	R	- C1	
· · · · · · · · · · · · · · · · · · ·	E ROAD 434 SUITE 5000		
LONGWOOD, FL 3	10T acceptable) 12779-5044		
The street address of its registered office and as changed will be identical.	the street address of the business office of its register	ered agent,	
Such change was authorized by resolution du authorized by the board, or the corporation h	uly adopted by its board of directors or by an officer has been notified in writing of the change.	so	
Rouis Benishek (Signature of an officer or director)	X Lowes BENISHK (Printed or typed name and title)		
I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and acce document is being filed merely to reflect a ch corporation has been notified in writing of th	d agent and agree to act in this capacity. of all statutes relative to the proper and complete pe ept the obligation of my position as registered agent. tange in the registered office address, I hereby confir his change.	erformance Or, if this rm that the	
(Signature of Registered Agent)	6/24/86	m	,
(Signature of Registered Agent)	(Date)	لر	,
JAMES W HART JR (Typed or Printed Name)			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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