

1438325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

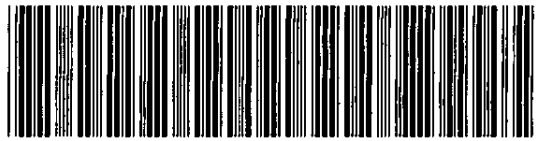
(Document Number)

Certified Copies _____ Certificates of Status _____

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9-5-08



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TRA Change
[Signature]

2008 SEP -5 AM 5:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Village of Rainbow Springs Residents Organization, Inc
(Name of Corporation)

DOCUMENT NUMBER: N38325

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:

Charles H. Gilmor
(Name of Contact Person)

Village of Rainbow Springs Residents Organization
(Firm/Company)

Post Office Box 1609
(Address)

Dunnellon Florida 34430
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles H. Gilmor at (352) 465-8176
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2008

CHARLES H. GILMOR
VILLAGE OF RAINBOW SPRINGS RESIDENTS
POST OFFICE BOX 1609
DUNELLON, FL 34430

SUBJECT: VILLAGE OF RAINBOW SPRINGS RESIDENTS' ORGANIZATION,
INC.
Ref. Number: N38325

We have received your document for VILLAGE OF RAINBOW SPRINGS
RESIDENTS' ORGANIZATION, INC. and check(s) totaling \$35.00. However, the
enclosed document has not been filed and is being returned to you for the
following reason(s):

Florida law requires the street address of the principal office and, if different the
mailing address of the entity. A post office box is not acceptable for the principal
office.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 208A00047705

9-4-08

*Corrected form has been enclosed & same
has been initialed by Charles Gilmor!*

*B. O'Keefe
Treasurer*

2008 SEP -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Village of Rainbow Springs Residents Organization, Inc.

2. The principal office address: ~~Post Office Box 1609, Dunnellon, Florida, 34432.~~

9845 S.W. 191st ~~Street~~ Ave, Dunnellon FL 34432

3. The mailing address (if different): Not Applicable

4. Date of incorporation/qualification: ? Document number: N38325

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Brett H. James

511 E. Pennsylvania Avenue

Dunnellon, Florida 32630

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Charles H. Gilmor

9845 S W 191st Avenue

(P.O. Box NOT acceptable)

Dunnellon, Florida 34432

2008 SEP -5 AM 5: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

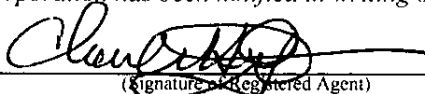
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Barney Reagan Treasurer
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

August 22, 2008
(Date)

If signing on behalf of an entity:

CHARLES H GILMOR
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314