DOCUMENT # N41324

1. Entity Name

THE HOMEOWNERS ASSOCIATION OF THE GLENS OF ROYAL

Principal Place of Business Mailing Address 2424 N ESSEX AVE HERNANDO FL 34452 2424 N ESSEX AVE HERNANDO FL 34452 2. Principal Place of Business 3. Mailing Address

FILED Mar 27, 2001 8:00 am Secretary of State

03-27-2001 90038 001 ****61.25

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Suite, Apt. if, etc. Suite, Apt. if, etc. Suite, Apt. if, etc. Suite, Apt. if, etc. A. FEI Number Sp.3042667 Applied For Name and Address of Current Registered Agent Sp. 75 Additional Sp.	•				1 10016	#1 #11 #1#B1 (188# 1191# (1811 #181 #181 #		81411 81WIL 1881
T. P. Country Zp Country S. Certificate of Status Desired Status Desired Special Section Secti	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
Secret Roders Secret Address of Status Desired Secret Roders Secret Ro	City & Stat	е	City & State	City & State		4. FEI Number 59-3042067		
COX, ALVAH L JR 2424 N ESSEX AVE HERNAND FI. 34442 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida. SIGNATURE Signature Si	Zip	Country	Zip	" Country	5. Certificate	e of Status Desired	\$8.75 AC	dditional
COX, ALVAH L JR 2424 N ESSEX AVE HERNAND FI. 34442 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida. SIGNATURE Signature Si		6. Name and Address of Curre	ent Registered Agent		7. Name an	d Address of New Registered	Agent	
222 A NESSEX AVE HERNANDO FL 34442 8. 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. SIGNATURE				Name	9	· · · · · · · · · · · · · · · · · · ·		
City FL Zip Code	2424 N ESSEX AVE				Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE FILE NOW: FEE IS \$61.25	MERNANL	JU FL 34442		City		FL	Zip Co	de
FILE NOW: FILE NOW: PICE NOW: PICE NOW: PICE NOW: NAME CHECK Payable to Department of State Pice I S \$61.25 10.	8. The above	named entity submits this statemen	t for the purpose of changing	its registered office	e or registered agent, or bo	oth, in the state of Florida.		
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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 impowered.