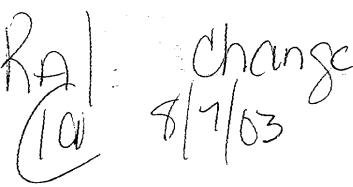
## N41324

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only





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SLUKETARY OF STATE
ALLAHASSEE

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

Pursuant to the provisions					
this statement of change is Florida in or			-	-	
of Florida.	ruer to chan	ge iis registereu	office or registered age	nt, or both, in the State	
1. The name of the corpora	tion. The	Homeowners A	ssociation of The	Glens Of Royal Oak	s. Inc
<u>-</u>	-				<u>.</u> ,
2. The principal office addi		O N Citrus Hi			
	Her	nando, FL 344	42		_
3. The mailing address (if o	lifferent):	Same			-
4. Date of incorporation/qu	alification:	12/18/90	Document number	er: <u>N41324</u>	<u>-</u> .
5. The name and street add Florida Department of S		urrent registered a	gent and registered offic	ce on file with the	
	Alv	ah L Cox, Jr.		<del></del>	, n
	245	O N Citrus Hi	lls Blvd		
	Her	nando, FL 344	42		
changed):	Mic 245 (P.O.)	eph & Company hael J Tringa O N Citrus Hi Box or personal mailbox M nando, FL 344	li 11s Blvd NOT acceptable)		
The street address of its reagent, as changed will be i	dentical.			-	
Such change was authorized authorized by the board, or Wayur was	<del>18</del>	L	, / /	hange.  VICE CHAIR MAN	
(Signature of an officer, chairman or visit hereby accept the appoint I further agree to comply viberformance of my duties, registered agent. Or, if this office address, I hereby co	tment as reg vith the prov and I am fa is document	gistered agent and visions of all statu miliar with and a is being filed mer	l agree to act in this ca ites relative to the prop ccept the obligation of i rely to reflect a change	pacity. er and complete my position as in the registered ng of this change.	
m: 6(9.	A		JULY 2	23, 20 <del>03</del>	
(Signature of Regi			(Date)	AHA AUG	
If signing on behalf of an entity:			Design 3.4		7
Michael J Tring (Typed or Printed			Registered Agen (Capacity)		Ì
(-)	•	FILING FEE:	`,	PH 2: OF STA	ſ
			ENT OF STATE AND MAIL TO:	55 RIDA	