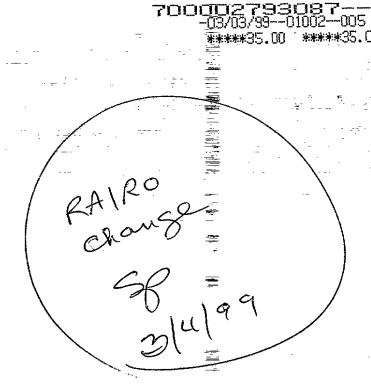
## N45025

Parent Management Co. P.O. Box 492228 Leesburg, Florida 34749-2228

99 MAR -2 PH
SECRETARY OF
TALLAHASSEE.

99 NAR - 2 4/3 8: 21 EVISION OF CORPORATIONS



## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of $\frac{FLORIDE}{}$
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: GOLDEN PALMS VILLAS
HOMEOWNERS ASSOCIATION, INC.
2. The mailing address of the corporation is: HILL HOUSE, BESTHORPE,
ATTLEBOROUGH, NORFOLK, NRIT ZLR ENGLAND
3. Date of incorporation/qualification: September 6, 1991 Document number: N45025 - 4. The name and address of the current registered agent and office:
JOHN CHRISTIANSEN, BECKERY POLIAKOFF P.A.
MAITLAND. FLORIDA 32751
MAITLAND. FLORIDA 32751  APR A TEMPORAL STATE OF THE PARK AND AND ACCOUNTS HERE TO THE PARK AND ACCOUNTS HERE TO THE PARK
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
BARBARA MAGALSKI, PARENT MANAGEMENT COTOS -
1316 SUMTER STREET
LEESBURG FLORIDA 34749
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.
(Signature of an officer, chairman or vice chairman of the board)  (Date)
J.M BARNARD SECRETARY
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation 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.
(Signature of Registered/Agent)  (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

\_ FILING FEE: \$35.00

CR2E045(1/95)