

N45025

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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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 FLORIDA 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, NR17 2LR 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.
500 WINDERLEY PLACE, SUITE 104
MAITLAND, FLORIDA 32751

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
BARBARA MAGALSKI, PARENT MANAGEMENT CO.
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.

J.M. Barnard SECRETARY December 30 1998
(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]
(Signature of Registered Agent)

1-7-99
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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