N45043

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	state/Zip/Phon	e #)
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(Busin	ess Entity Nai	me)
(Docu	ment Number)	
Certified Copies	Certificate	s of Status
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T. Roberts MAY 26 200

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>SAN MARINO BAY CONDOMINIUMS</u> AS SOCIATING (Name of Corporation)
DOCUMENT NUMBER: <u>N 45063</u>
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:
CHARLA J. CALBRA ITH, PRES. (Name of Contact Person) HERITAGE PROPERTY MANAGEMENT, INC. (Firm/Company)
3684 TAMPA RO, SUITE 6 (Address)
OLD SMAR FL 34677 (City/State and Zip Code)
For further information concerning this matter, please call:
TAMES DOUBER at (8/3) 240 9/72 (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

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			
Ŧ	statement of change is submitted for a corporation organized under the laws of the State of <u>FLORTD</u> A in order to change its registered office or registered agent, or both, in the State of Florida.			
	1. The name of the corporation: <u>SAN MARINO BAY CONDOM IN JUMS ASSOCATING</u>			
	2. The principal office address: 3684 TAMPA RD. 57E 6			
	0hD SMAR FL 34677			
	3. The mailing address (if different):			
	ap1,07/			
	4. Date of incorporation/qualification: 1991 Document number: N 45063			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:				
	THE TROWBRIDGE COMPRNY, INC.			
	JHETROWBRIOGE COMPANY, INC.			
	LUTZ FL 33549 AAR T			
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	HERITAGE PROPERTY MANAGESTING, INC.			
	3684 TAMPA RD. SUITE 6 (P.O. BOX NOT acceptable)			
	0LDSMAR FL 34617			
	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.			
	James (Signature of an officer or director) JAMES DOUBEK, PRES. (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) 5/8/06 (Date)			
	If signing on behalf of an entity:			
	CHARLA J. GALBRAITH, PRES (Typed or Printed Name)			

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

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