N49239

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

TRANSMITTÄL LETTER

Amendment Section Division of Corporations

COUNTRY VIII LAS OF SAEI		IFDS ASSOCIATION INC				
SUBJECT: COUNTRY VILLAS OF SAFETY HARBOR HOMEOWNERS ASSOCIATION INC (Name of corporation)						
DOCUMENT NUMBER: N49239		784 27 5				
The enclosed Statement of Change of Re	egistered Office/Agent ar	nd fee are submitted for	- filing.			
Please return all correspondence concern	ing this matter to the fol	lowing:	Ü			
Julius J. Zschau (Name of person)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	O3 MAY			
Pennington, Moore, Wilkinson, Bell & Dunb	oar, PA	· , -=	A 11 M			
(Name of firm/company	<i>y</i>)		照要			
2701 N. Rocky Point Drive, Suite 930 (Address)	<u>=</u>	유 교실 기사 중	ELORIE STAFF H 00			
Tampa, FL 33607 (City/state and zip code)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	>			
For further information concerning this n	matter, please call:					
Julius J. Zschau (Name of person)	at (813) 6. (Area code & da	39-9599 ytime telephone number)	_ ·			
Enclosed is a \$35.00 check made payable	e to the Department of St	ate.				
Amendment Section Am Division of Corporations Div P.O. Box 6327 409	eet Address: dendment Section rision of Corporations P.E. Gaines Street lahassee, FL 32399					

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

	ne provisions of sections 607.0502 of change is submitted for a corpor in order to change its regi	ration orga	nized under the laws	of the State of
of Florida. 1. The name of	f the corporation: Country Villas of	-	3	
2. The principa	al office address: P.O. Box 560, Sa	afety Harbor	, FL 34695-0560	<u></u>
		<u> </u>		und · · ·
3. The mailing	address (if different): P. O. Box 56	30, Safety H	arbor, FL 34695-0560	<u> </u>
				<u> </u>
4. Date of inco	rporation/qualification: 6/4/92		_ Document number	. N49239
	nd street address of the current registartment of State:	stered agen	t and registered office	e on file with the
	Corporation Service Company			# # 70#
	1201 Hays Street			<u>a. </u>
	Tallahassee, FL 32301	_		
6. The name a changed):	and street address of the new regis	stered agen	it (if changed) and /c	or registered office (if
	Julius J. Zschau			
	2701 N. Rocky Point Drive, Suite 9 (P.O. Box or personal		accentable)	
	Tampa, FL 33607	_ 		
The street addragent, as chang	ress of its registered office and the ged will be identical.	street addı	ess of the business o	ffice of its registered
Such change wanthorized by t	as authorized by resolution duly a the board, or the corporation has be	dopted by	its board of directors d in writing of the ch	or by an officer so ange.
Signature of an office	er, chairman or the chairman of the board)	Bruce i	McIntyre, President (Printed or typed name and	tile
I hereby accep I further agree performance o registered agei	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with nt. Or, if this document is being fi I hereby confirm that the corpora	ni siaiuies h and accep led merely	ree to act in this cape relative to the proper of the obligation of m to reflect a change is	acity. r and complete ry position as n the registered
fol	Signature of Registered Agent)		5112103	<u> </u>
If signing on beha	1)		(Daic)	4
Julius J. Zschar	u			I S O
(Typed or Printed Name) * * * FILING	FEE: \$35.	(Capacity) 00 * * *	L AM

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 - ורהיי