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| Certified Copies Certificates of Status | | of Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

AND

R.A. Change

C. Coutlette AUG 2 9 2007

COVER LETTER

Amendment Section Division of Corporations

TO:

| Materiard Lakes Treet N. 20 House suppose Appointing | | | |
|---|-------------|--|--|
| SUBJECT: Waterford Lakes Tract N-33 Homeowners Association (Name of Corporation) | | | |
| DOCUMENT NUMBER: N9000000847 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin | ıg. | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Bridgette Ross PA | | | |
| (Name of Contact Person) | | | |
| Orlando Equity (Firm/Company) | | | |
| 860 N. Orange Ave. Ste B (Address) | | | |
| Orlando, FL 32801 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Bridgette Ross PA (Name of Contact Person) at (407) 232-5889 (Area Code & Daytime Telepho | N. L. | | |
| (Name of Contact Person) (Area Code & Daytime Telepho | one Number) | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| Mailing Address: Amendment SectionStreet Address: Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center C Tallahassee, FL 32301 | | | |

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

| Pursuant to the provisions of sections 607.0502, 615 statement of change is submitted for a corporation of the companies of the change its registered office or respectively. | | ida |
|---|--|------------------------------|
| 1. The name of the corporation: Waterford Lakes Tr | ract N-33 Homeowners Association , TAC. | |
| 2. The principal office address: c/o Orlando Equity. | 860 N. Orange Ave. Ste B, Orlando, FL 3280 |)1 |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 12-18- | 92 Document number: N900000084 | 17 |
| 5. The name and street address of the current registe Florida Department of State: | ered agent and registered office on file with the | e |
| James Boyle | | |
| 498 Palm Springs Dr. #235 | | |
| Altamonte Springs, FL 3270 | 1 | |
| 6. The name and street address of the new registered (if changed): | d agent (if changed) and /or registered office | O7 AUG SECRET/ TALLAHA |
| Orlando Equity | | FI JG 24 HASSE |
| 860 N. Orange Ave. Ste B | | AND ILED YOF FE.F |
| (P.O. Box NOT acco | eptable) | 8: 2 STATE 1 DOUT |
| The street address of its registered office and the sas changed will be identical. | street address of the business office of its reg | gistered agent, |
| Such change was authorized by resolution duly adauthorized by the board, or the corporation has be | | |
| Signature of anothicer or director) | Scott Woodlee / President (Printed or typed name and title) | |
| I hereby accept the appointment as registered age I further agree to comply with the provisions of al of my duties, and I am familiar with and accept th document is being filed merely to reflect a change corporation has been notified in writing of this ch | ll statutes relative to the proper and complet te obligation of my position as registered ag t in the registered office address, I hereby co | rent. Or. it this |
| Lidette Ross P.J. | August 1st, 2007 | |
| (Signature of Registered Agent) If signing on behalf of an entity: | (Date) | · |
| (Typed or Printed Name) | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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