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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

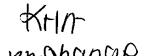
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SECRETARY OF STATE
FALLANASSEE, FLORIDA



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

statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CAPE TOWN VILLAGE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/15/1993 Document number: N93000001702
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
HAGERTY, JOHN A
4400 EL CONQUISTADOR PKWY STE 13
BRADENTON FL 34210
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JAMES W HART JR
2180 W SR 434 STE 5000
(P.O. Box NOT acceptable)
LONGWOOD FL 32779-5044
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 of authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) Robert Lambert (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) (Date)
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
JAMES W HART JR (Typed or Printed Name)
C. Man at a comment of the comment o

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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