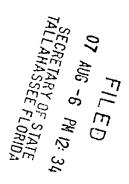


(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





08/06/07--01010--002 **35.00





COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: Eagles Landing of Destin Pro	pperty Owners Assoc, Inc		
DOCL	JMENT NUMBER: N9400001672			
The en	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
	GENEVA M. DICKEY (Name of Cont	tact Person)		
	(Firm/Cor	mpany)		
	·			
	4030 KATS COURT (Addre	252)		
	DESTIN, FL 32541			
(City/State and Zip Code)				
For fur	ther information concerning this matter, please ca	dl:		
GENI	EVA M. DICKEY (Name of Contact Person)	at (850) 837-7956 (Area Code & Daytime Telephone Number)		
Enclos	ed is a \$35.00 check made payable to the Departn	nent 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		

TO:

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

statement of change is sub	mitted for a corporation organ	02, 607.1508, or 617.1508, Florida S nized under the laws of the State of _ tered agent, or both, in the State of Fl	FLORIDA	
1. The name of the corpor	ation: EAGLES LANDING	OF DESTIN PROPERTY OWN	NERS ASSOC, INC	;
2. The principal office add	lress: P.O. BOX 183 DES	TIN, FL 32540		
3. The mailing address (if	different):			_
4. Date of incorporation/q	ualification: 04/05/94	Document number: N94000	0001672	
5. The name and street add Florida Department of S		agent and registered office on file wit	th the	
DARL	ENE LANDSBERGER	₹	_	
4400 HWY 20 EAST SUITE 313			07 SE	
	/ILLE, FL 32578		AUU CREI CAH,	
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):		FILED 3-6 PH GARY OF S ASSEE FL		
GENE	VA M. DICKEY	··	- RESTA	
4030	KATS COURT		- 34 - 34	
DEST	(P.O. Box NOT acceptable)	_	
The street address of its r as changed will be identiced	egistered office and the street	address of the business office of its	s registered agent,	
Such change was authorized by the board,	zed by resolution duly adopte or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so	
Sexual (Signature of an office	Wickey	GENEVA M. DICKEY, TR	REASURER_	
I further agree to comply of my duties, and I am far document is being filed m	with the provisions of all stat niliar with and accept the obl erely to reflect a change in th ified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and com ligation of my position as registered he registered office address, I hereb	aplete performance d agent. Or, if this by confirm that the	
Streva M (Signature of Re	Wickey	AUGUST 2, 2007		
If signing on behalf of an	O	ζ,		
GENEVA M. DICKI				

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 * * *