## N95000004999

WEAN & MALCHOW, P.A.	30002
ATTORNEYS AT LAW	: •
646 EAST COLONIAL DRIVE ORLANDO, FLORIDA 32803	}
LI PICK-UP LI WAIT MAIL	
(Business Entity Name)	
(Document Number)	08/04/
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300021383833

08/04/03--01009--010 \*\*35.00

OS AUG -4 PH 12: 44

Old 25 1.03

## 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,
the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: DEAN'S RESERVE HOMEOUNERS'
ASSOCIATION, INC.
2. The mailing address of the corporation: Clo Wighthouse management
P.O. Box 0774, WINDERMERE, FL 34786-0774
3. Date of incorporation/qualification: 10/19/1995 Document number: N95 00 000 4999
4. The name and address of the current registered agent and registered office:
P.O. Box 0774 Michael Legre
5. The name and address of the new registered agent (if changed) and /or registered office fift changed):
(P.O. Box NOT Acceptable)
Wean & Malchow, P.A. Attn: Paul L. Wing, EsgTT
Delando, FL 32803
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.
Manature of an officer chairman of the hoard (Date)
(bignature of an officer, chairman or vice chairman of the board) (Date)
15:11 Bishop Bresident
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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. Whom + Malhaw, P.A.
Bulland/Inja 7/23/2003
(Signature of Registered Agent) (Date)
(Signature of Registered Agent)  (Date)  (Date)  (Date)
Typed or Printed Name)  (Capacity)

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAMASSEE, FL 32314