## N19500005949

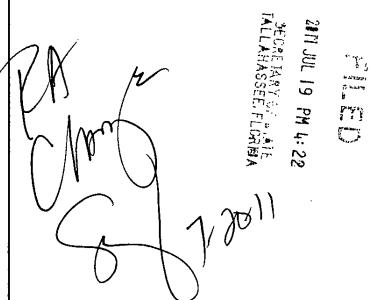
| (Requestor's Name)                      |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| (Address)                               |   |  |  |  |  |  |
| (Address)                               |   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |  |  |
| (Business Entity Name)                  |   |  |  |  |  |  |
| (Document Number)                       |   |  |  |  |  |  |
| Certified Copies Certificates of Status |   |  |  |  |  |  |
| Special Instructions to Filing Officer: |   |  |  |  |  |  |
|   | • |  |  |  |  |  |
|   |   |  |  |  |  |  |





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07/19/11--01027--009 \*\*35.00



## **COVER LETTER**

| то:                                      | TO: Amendment Section Division of Corporations |  |                              |  |   |  |  |
|--|--|--|------------------------------|--|---|--|--|
| SUBJ                                     | ECT:   | CORTEZ PA  | RK HOMEOV<br>Name of Corpora | VNERS, INC.  |   |  |  |
| DOCU                                     | UMENT NUM                                      | IBER:  | N950000                      | 05949  | <u>.</u>  |  |  |
| The er                                   | nclosed Statem                                 | ent of Change of Reg   | istered Office/Ager          | it and fee are subm  | itted for filing.                               |  |  |
| Please                                   | return all corr                                | espondence concernir   | ng this matter to the        | following:   | ·   |  |  |
|  |  |  |                              |  |   |  |  |
|  |  |  | JEFF A. LAV                  |  |   |  |  |
|  |  |  | Name of Contact P            | erson  |   |  |  |
| CORTEZ PARK HOMEOWNERS, INC.             |  |  |                              |  |   |  |  |
|  | -  |  | Firm/Company                 |  |   |  |  |
|  |  |  | D C DOV.                     |  |   |  |  |
|  | -  |  | P.O. BOX 95<br>Address       | 1  | <u> </u>  |  |  |
|  |  |  | radioss                      |  |   |  |  |
|  |  |  | CORTEZ. FL 34                | <b>4215</b>  |   |  |  |
| CORTEZ, FL 34215 City/State and Zip Code |  |  |                              |  |   |  |  |
|  |  | SAWD   | UST1794@GM                   | AIL.COM  |   |  |  |
|  | E  | -mail address: (to b   |                              |  | fication)                                       |  |  |
|  |  |  |                              |  |   |  |  |
| For fu                                   | ther information                               | on concerning this ma  | tter, please call:           |  |   |  |  |
|  | JE   | EFF A. LAVEY   | at (                         | 941  | 794-1221  |  |  |
|  | Name   | of Contact Person  |                              | Area Code & Dayt   | 794-1221<br>ime Telephone Number                |  |  |
| Enclos                                   | ed is a \$35.00                                | check made payable t   | o the Department o           | f State.   |   |  |  |
|  |  | Mailing Address:<br>Amendment Sect<br>Division of Corp<br>P.O. Box 6327<br>Tallahassee, FL | orations                     | Street Address<br>Amendment S<br>Division of Co<br>Clifton Buildi<br>2661 Executiv<br>Tallahassee, F | ection<br>orporations<br>ng<br>ve Center Circle |  |  |

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

|  |  |  | 607.1508, or 617.1508, Fl<br>d under the laws of the Sta  |                            |                    |
|--|--|--|---|----------------------------|--------------------|
|  |  |  | d agent, or both, in the Sta  |                            |                    |
| 1. The name of   | the corporation: COR                                 | ΓEZ PARK HO  | DMEOWNERS, IN   | IC.                        |                    |
|  | •  |  | WEST, CORTEZ, F   |                            |                    |
|  |  |  |   |                            |                    |
| 3. The mailing a   | nddress (if different): P.C                          | O. BOX 951, CC   | ORTEZ, FL 34215   |                            |                    |
| 4 Date of incor  | poration/qualification:                              | 12/14/1995   | Document number:  | N95000005949               |                    |
| 5. The name and  | -  | rent registered agen   | at and registered office on   | file with the              |                    |
|  | HARLAN R. DOME                                       | BER  |   |                            |                    |
|  | 3900 CLARK ROA                                       | D, SUITE L-1   |   |                            |                    |
|  | SARASOTA, FL   | 34233  |   |                            |                    |
| 6. The name and (if changed):  | d street address of the nev                          | w registered agent (i  | f changed) and /or register   | SECRE FARY<br>ALLAHASSE    | was,               |
|  | JEFF A. LAVEY  |  |   | 19<br>\$SE                 | 701                |
|  | 12507 CORTEZ R                                       |  |   | <br>문항: <b>P</b>           |                    |
|  |  | P.O. Box NOT ac  | ceptable  | S .                        | دا ۱۰۰۰ تامر<br>پر |
|  | CORTEZ, FL 342                                       | 15   |   | 2 <sub>2</sub>             |                    |
| The street addre   | ess of its registered offic<br>be identical.         | e and the street add   | dress of the business offic   | e of its registered agent, |                    |
| Such change wa   | as authorized by resolut<br>ne board, or the corpora | ion duly adopted by<br>tion has been notifi                            | y its board of directors or<br>ed in writing of the chan  | by an officer so<br>ge.    |                    |
| Signatu  | re of an officer or director                         |  | GLORIA WEIR, VI   | CE PRESIDENT               |                    |
| I hereby accept<br>I further agree to<br>of my duties, and<br>document is bei  | the annointment as rea                               | isions of all statute.<br>d accept the obliga<br>et a change in the re | gree to act in this capaci<br>s relative to the proper a<br>tion of my position as reg<br>egistered office address, | itv                        | ?<br>S             |
| The state of the s | nature of Registered Agent                           | <u> </u>   | JULY 14T  | H, 2011                    |                    |
| f signing on be  | half of an entity:                                   |  |   |                            |                    |
| <del></del>  | JEFF A. LAVEY  |  |   |                            |                    |
| T-   | vned or Printed Name                                 |  |   |                            |                    |

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