Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1(92

Phone Fax Number

: (850)878-5358

**Enter the email address for this business entity to be used for futureD
annual report mailings. Enter only one email address please.

Emmil	Address:
	AUUL BAS.

REGISTERED AGENT CHANGE

TTUMN WOODS PROPERTY OWNERS ASSOCIATION, INC.

Certificate of Status	0
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7/18/2011

COVER LETTER

Division	of Corporations		
SUBJECT:	AUTUMN WOODS PROPERTY OWN	ers as jociation, i	IC.
	Name of Cor	coration.	
DOCUMENT N	UMBER:N9600	0005794	
The enclosed Stat	tement of Change of Registered Office/A	gent and fee are subn	nitted for filing.
Please return all c	correspondence concerning this matter to	the following:	
	Maria Ozz	eta	
	Name of Conta	ct Perso	
	CT Corpor	ation	
	Firm/Com	pany	
	350 N. St. Paul,	Ruite 2900	
	Addres	s	
	Dallas, TX	/5201	
	City/State and	Zip Code	
	maria.ozaeta@wolter	skluwer.com	
'	E-mail address: (to be used for futt	ire annual report not	ification)
For further inform	nation concerning this matter, please call	•	
	Maria Ozaeta	216	932-3658
Ne	ame of Contact Person	Area Code & Day	932-3658 time Telephone Number
Enclosed is a \$35.	.00 check made payable to the Departme	ant of State.	
	Mailing Address: Amendment Section	Street Addres	b: Vantina
	Amendment Section Division of Corporations	Division of C	·='
	P.O. Box 6327	Chiton Build	
	Tallahassee, FL 32314		ve Center Circle
	•	Tallahassee, i	FL 32301

CR2E045 (8/05)

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

statement of ch	ange is submitted for a corp	1502, 617.0502, 607.15%, or 617.1508, Florida oration organized under the laws of the State of flice or registered agen., or both, in the State of	Florida
1 The parme of	the compration: AUTUMN	WOODS PROPERTY OWNERS ASSOCIATION	, INC.
		THOWER BLVD, SUITE 216, TAMPA FL 33634	
3. The mailing DALLAS	address (if different): P.O. B	OX 80322	
4. Date of incom	poration/qualification:	13/8/1996 Document number:	N96000005794
	rtment of State: (If resigned	ni registered agent and registered office on file w , enter resigned)	vith the
	REALMANAGE, LLC		
	4902 EISENHOWER BLV	D, SUITE 216	
	TAMPA FL 33634 US		
6. The name an (if changed):	d street address of the new r	egistered agent (if changed) and for registered o	Mile 19
	C T Corporation System		~~·~~
	c/o C T Corporation System	n, 1200 South Pine Island Road	OF SI
		P.O. Box NOT acceptable	- 15 : 15
	Plantation, Florida 33324		_ 5~ 0
		and the street address of the business office of	
Such change wanthorized by t	as authorized by resolution he board, or the corporation	duly adopted by its boan! of directors or by a n has been notified in writing of the change.	in officer so
man	in Buth_	Maria Ozaeta, Vice P	
		Printed or typed name and	
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as regist to comply with the provisi nd I am familiar with and a ing filed merely to reflect a s been notified in writing o	ered agent and agree to at i in this capacity, ons of all statutes relative to the proper and concept the obligation of my position as register a change in the registered office address, I her finis change.	omplete performance red agent. Or, if this reby confirm that the
By: MALLA BALTA		7/15/2011	
Si	pasture of Registered Agent	Date	
If signing on b	chalf of an entity;		
Mar	ia Ozaeta, Vice President		
	yped or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)