

N97000002724

ASHTON OAKS CONDO ASSOC.  
1044 CASTELLO DR. SUITE 206  
NAPLES, FL 34103

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 20 AM 9:25

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change

10/20/98

Florida Department of State, Sandra B. Mortham, Secretary of State

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 Florida 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 is: ASHTON OAKS AT STONEBRIDGE CONDOMINIUM ASSOCIATION, INC.

2. The mailing address of the corporation is: 110 Southwest Property Management Corp. 1044 Castleb Drive, Suite # 206, Naples, FL 34103 1900

3. Date of incorporation/qualification: 5/14/97 Document number: N97000002724

4. The name and address of the current registered agent and office:

John R. Peshkin
c/o Taylor Woodrow Communities
7120 S. Beneva Road
Sarasota, FL 34238

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Lisa H. Barnett, Esq.
Treasurer, Kobzant Volpe, Chtd.
4001 Tamiami Trail N., Suite 320, Naples, FL 34103

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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.

(Signature of an officer, chairman or vice chairman of the board)

9/17/98
(Date)

ARTHUR S. RUBIN, President
(Printed or typed name and title)

(Date)

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.

(Signature of Registered Agent)

9/17/98
(Date)

If signing on behalf of an entity:

Treiser, Kobzant Volpe, Chtd.
(Typed or Printed Name)

Associate Attorney / member of the firm
(Capacity)