

N 97000004127

Dec 21, 1998

Gentlemen, Enclosed please find our check #125 in the amount of \$35.00 to cover the cost regarding a change in the name of the registered agent for the Skidewalk Homeowners Association Inc. Do come to # N 97000004127

Sincerely,
Lucien Troxler
Lucien Troxler

L.J. Troxler
112 Cypress Grove Lane
Ormond Beach
Florida 32174

600002720436-5
-12/23/98-01095-009
*****35.00 *****35.00

98 DEC 23 AM 7:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
1-7-99
cc

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

FILED
98 DEC 23 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To the Secretary of State of the State of Florida

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the Corporation is ABERDEEN MOBILE HOMEOWNERS ASSOCIATION, INC.

SECOND: The address of its present registered agent is 12 GREEN FOREST DRIVE ARMOUD BEACH FL 32174

THIRD: The address to which its registered agent is to be changed is 112 CYPRESS GROVE LANE ARMOUD BEACH FL 32174

FOURTH: The name of its present registered agent is THOMAS CUSACK

FIFTH: The name of its successor registered agent is LUCIEN TROYLER

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such changes was authorized by resolution duly adopted by its Board of Directors.

DATED: Dec. 16, 1998

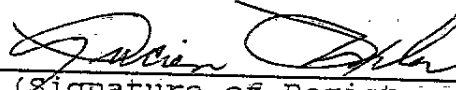
ABERDEEN MOBILE HOMEOWNERS ASSOCIATION INC.
(Exact Corporate Name)

Steven [Signature] PRES.
(Signature of President or Vice President)

DATE Dec. 16, 1998

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND

OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.



(Signature of Registered Agent)

Filing Fee \$35.00

DATE Dec. 16, 1998