N97000007013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TBrown 10-10-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magnolia Pointe Custom Homeowners Association Inc
Name of Corporation

DOCUMENT NUMBER: N97000007013

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Blankenship
Name of Contact Person

Community Association Management of Lake County, Inc
Firm/Company

720 Almond St
Address

Clermont FL 34711
City/State and Zip Code

cathyblankenship@embarqmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Parveen Guthrie at (352) 404-4116
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Magnolia Pointe Custom Homeowners Association, Inc.
2. The principal office address: 720 ALMOND STREET, CLERMONT FL 34711
3. The mailing address (if different):
4. Date of incorporation/qualification: JAN 1997 Document number: N97000007013
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BLANKENSHIP, SCOTT PRES 4/15/2011

17526 COBBLESTONE LN

CLERMONT FL 34711 US

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BLANKENSHIP, CATHY

720 ALMOND STREET

P.O. Box NOT acceptable

CLERMONT FL 34711

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, or the corporation has been notified in writing of the change.

Joseph H. Ousley — Signature of an officer or director

Joseph Hugh Ousley / PRESIDENT — Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Cathy Blankenship — Signature of Registered Agent

10/5/11 — Date

If signing on behalf of an entity:

Typed 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)