

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

Email Address: _____

REGISTERED AGENT CHANGE

POLK COUNTY-SANTA CRUZ HOMEOWNERS' ASSOCIATION,
INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

RECEIVED

11 JUL 19 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 19 AM 9:00
TALLAHASSEE, FLORIDA
FILED

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POLK COUNTY-SANTA CRUZ HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N98000003386

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:

Maria Ozaeta

Name of Contact Person

CT Corporation

Firm/Company

350 N. St. Paul, Suite 2900

Address

Dallas, TX 75201

City/State and Zip Code

maria.ozaeta@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Ozaeta

Name of Contact Person

at (214)

932-3658

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: POLK COUNTY-SANTA CRUZ HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 4902 EISENHOWER BLVD, STE 216, TAMPA FL 33634
3. The mailing address (if different): P.O. BOX 803555
DALLAS TX 75380 US
4. Date of incorporation/qualification: 6/11/1998 Document number: N98000003386
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)

REALMANAGE, LLC
4902 EISENHOWER BLVD, SUITE 216
TAMP FL 33634

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

Maria Ozaeta
Signature of an officer or director

Maria Ozaeta, Vice 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.

By: Maria Ozaeta
Signature of Registered Agent

7/15/2011

Date

If signing on behalf of an entity:

Maria Ozaeta, Vice President

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)

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2011 JUL 19 AM 9:02
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TALLAHASSEE, FLORIDA