19800006325

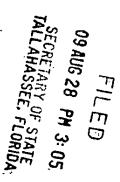
(Requ	uestor's Name)			
(Addr	ess)			
(Addr	ess)			
(City/	State/Zip/Phon	e #)		
PICK-UP		MAIL		
(Busi	ness Entity Nar	me)		
(Docu	ıment Number)	· · · ·		
Certified Copies	Certificate	s of Status <u>·</u>		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO:		lment Section on of Corporations			
SUBJ	ECT:	Village of Black	K Bear Reserv Name of Co	re Homeowners A	Assoc_
DOC	U MENT	NUMBER:	N980	00006325	
The er	nclosed S	tatement of Change o	f Registered Office	Agent and fee are subn	nitted for filing.
Please	return al	ll correspondence con	cerning this matter	to the following:	
			Spencer S	Solomon	
			Name of Con	tact Person	
		e	outhwest Brance	ty Managamant	
			Firm/Cor	ty Management	
			P.O. Box	78367	
			Addro	ess	
			Winter Garder	n, FL 34778	
			City/State and	d Zip Code	
			spencerswpm@	ovahoo.com	
		E-mail address:	(to be used for fu	ture annual report not	tification)
For fu	rther info	ormation concerning th	his matter, please ca	all:	
		Spencer Solom	on	_at (407)	656-1081
		Name of Contact Per		Area Code & Day	time Telephone Number
Enclo	sed is a \$	35.00 check made pay	yable to the Departr	ment of State.	
		Mailing Add Amendmen Division of P.O. Box 6	t Section Corporations	Street Address Amendment Division of C Clifton Build	Section Corporations
		Tallahassee	e, FL 32314		ive Center Circle

TO:

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

statement of cha	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Sta rganized under the laws of the State of Fl	orida
		gistered agent, or both, in the State of Flo	
		k Bear Reserve Homeowner	s Assoc
	office address: 13350 W. Coloni	al Drive, Suite 330	
	rden, FL 34787		
_	ddress (if different): P.O. Box 78 earden, FL 34778	3367	
4. Date of incorp	poration/qualification:11/05/1	997 Document number: N9	8000006325
	I street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with signed)	the
	Spencer Solomon		
	14443 Prunning Wood Place)	SET TALL
	Winter Garden, FL 34787		FI WG 2
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered offic	FILED 09 AUG 28 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FLORID
	Spencer Solomon		3: OI STAI
	13350 W Colonial Drive Suit	te 330	DE B
		x NOT acceptable	
	Winter Garden, FL 34787		
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly ad- ne board, or the corporation has been	opted by its board of directors or by an or on notified in writing of the change.	officer so
•	re of an officer or director	Mark Carson 8/5/	
I further agree of my duties, an document is be	to comply with the provisions of all	nt and agree to act in this capacity. I statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby ange.	plete performance agent. Or, if this confirm that the
	Loury Conney	8/5/09 Date	
_	mature of Registered Agent	Date	
ii signing on be	chalf of an entity:		
ī	yped or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	