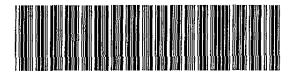
N99000003911

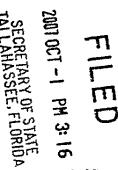
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COVER LETTER

Division of Corporations SUBJECT: Ginger Pointe At Shadow Wood Neighborhood Association, Inc. (Name of Corporation) DOCUMENT NUMBER: N99000003911 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: Ralph L. Weidner, (Name of Contact Person) Gulf Breeze Management Services of SW FL, LLC (Firm/Company) 8910 Terrene Court, Suite 200 (Address) Bonita Springs, FL 34135 (City/State and Zip Code) For further information concerning this matter, please call: Ralph L. Weidner, CAM 239 498–3311 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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: Ginger Pointe At Shadow Wood Neighborhood Association, Inc. *Gulf Breeze Management Services of SW FL, LLC 2. The principal office address: 8910 Terrene Court, Suite 200
Bonita Springs, FL 34135
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/23/1999 Document number: N99000003911
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Bonita Management Group, Inc.
26025 Clarkston Drive
Bonita Springs, FL 34135 6 The name and street address of the new registered agent (if changed) and (or registered office)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ralph L. Weidner, CAM *Gulf Breeze Management Services of SW FL, LLC
8910 Terrene Court, Suite 200 (P.O. Box NOT acceptable)
Bonita Springs, FL 34135
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.
(Signature of an option of ordinary) (Signature of an option of the signature of the s
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.
Relabelling August 31, 2007 (Signature of Registered Agent) (Date) vb
If signing on behalf of an entity:
Ralph L. Weidner, CAM (Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *