N99000003974

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 (City/State/Zip/Phone #) | PICK-UP | WAIT | MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _____

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2001 OCT -8 PM 1:59
SECRETARY OF STATE
ASECRETARY FIORIDA

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

statement of che	e provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize ler to change its registered office or registere	ed under the laws of the State of _	FLORIDA
1. The name of	the corporation: SOUTH POINT HOME	OWNERS ASSOCIATION, I	NC.
2. The principal	l office address: 2180 W SR 434 STE 50)00	
	LONGWOOD FL 327	79-5044	
3. The mailing a	address (if different):		
4. Date of incor	rporation/qualification: 06/29/1999	Document number: N99000	003974
	nd street address of the current registered agentation and the current of State:	nt and registered office on file with	h the
	KIRKPATRICK, KENNETH B		
	2605 SW 33RD ST STE 200		
	OCALA FL 34474		EEE TO
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	FILED 2001 OCT -8 PH 1:59 2001 OCT -8 PH 1:59 TALLANASSEE, FLORIG TALLANASSEE, FLORIG
	JAMES W HART JR		SFEST E
	2180 W SR 434 STE 5000		SS DRIE
	(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	4	77
The street addre as changed will	ess of its registered office and the street add		registered agent,
Such change was authorized by the	as authorized by resolution duly adopted be he board, or the corporation has been notifi	y its board of directors or by an eled in writing of the change.	officer so
Judy &	Cornella (une of an officer or afrector)	Trudy O'Connell	, President
I hereby accept I further agree of my duties, an document is bei corporation has	t the appointment as registered agent and a to comply with the provisions of all statute nd I am familiar with and accept the obliga ing filed merely to reflect a change in the r s been notified in writing of this change.	gree to act in this capacity s relative to the proper and com tion of my position as registered egistered office address, I hereb	plete performance l agent. Or, if this y confirm that the
. (Sig	ignature of Registered Agent)	9/18/07 (Days)	<i>J</i>
If signing on be	chalf of an entity:		
JAMES W H	HART JR		
(Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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