N980000054

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 108950-B (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status Special Instructions to Filing Officer:





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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 statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of	_FLORIDA
1. The name of the corporation: BOBCAT TRAIL HOMEOWNERS ASSOCIATION	
2. The principal office address: 2180 W SR 434 STE 5000	
LONGWOOD FL 32779-5044	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/30/1999 Document number: N9900	00004054
5. The name and street address of the current registered agent and registered office on file v Florida Department of State:	vith the
KRISTINE WISHARD	
23081 HARBORVIEW ROAD 2ND FLOOR	O7 H
PORT CHARLOTTE FL 33980	MAR 21 CRETAS
6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):	office might see The
JAMES W HART JR	7: 34 7: 34 STATE LORID
2180 W SR 434 STE 5000 (P.O. Box NOT acceptable)	— A A
LONGWOOD FL 32779-5044	
The street address of its registered office and the street address of the business office of as changed will be identical.	its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	in officer so
(Signature of an officer or director) (Signature of an officer or director) (Printed or typed name an	LS
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 coof my duties, and I am familiar with and accept the obligation of my position as register document is being filed merely to reflect a change in the registered office address, I her corporation has been notified in writing of this change.	
(Signature of Régistered Agent) (Signature of Régistered Agent)	<u> </u>
If signing on behalf of an entity:	
JAMES W HART JR (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)