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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Holiday Pools of West Florida, Inc. (Name of corporation)

DOCUMENT NUMBER:

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:

Robert P. Watrous (Name of person)

Robert P. Watrous, Chartered (Name of firm/company)

2033 Wood Street, Suite 220 (Address)

Sarasota, Florida 34237 (City/state and zip code)

For further information concerning this matter, please call:

Robert Watrousat (94 1)953-977 1(Name of person)(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 409 E. Gaines Street Tallahassee, FL 32399

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: Holiday Pools of West Florida, Inc.

2.	The	principal	office addre	ss: <u>7733 s</u>	State Road 72	2

Sarasota, Florida 34242

3. The mailing address (if different): P. O. Box 5848, Sarasota, F	lorida 34277
4. Date of incorporation/qualification: Document nu	Imber:
5. The name and street address of the current registered agent and registered Florida Department of State:	office on file with the
Charles McLeod	
6152 279th Street East	
Myakka City, FL 34251	

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

Robert P. Watrous

2033 Wood Street, Suite 220 (P.O. Box or personal mailbox NOT acceptable) Sarasota, Florida 34237

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.

	V.t.	JAMES A. MLEON	-
I he I fu per reg	formance of myduities, and I am familiar istered agent Or if this document is hei	(Printed or typed name and title) ad agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as ng filed merely to reflect a change in the registered poration has been notified in writing of this change.	
Ø	(Signature of Registered Agent)	(Date)	•
	ening on behalf of an entity: <u>bcs</u> F , <u>Watow</u> (Typed or Printed Name)	(Capacity)	÷

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314