Document Number Only P97000018998

CT Corporation System				
Requestor's Name	····································			
660 East Jefferson Stre	et			
Address		Į Į		
d Lanassa, L	(850)222-1092 Phone	4	0000293017	40
City State Zip	-07/13/9901063005 *****35.00 *****35.00			
CORPORATIO	N(S) NAME		*************************************	handa e.e.
			h	
		## 15 To 15		
				at era e
4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		는 10년 기 (1955년 전) 	200	d.
	7.		TO TO	
Floriele Club Ho	es, ine.	**************************************	5000	6
			THE RESERVE	0
rs mante			200	٠٠٠ څځ
() Profit () NonProfit	() Amendr	ment	() Merger	્ ઈરે
() NOTIFICILE	••			
() Foreign	() Dissolu	tion/Withdrawal	() Mark	
() LLC			() Other ucc Fil:	- inα
() Limited Partnership	() Annual		Change of R.A.	<u>-</u>
() Reinstatement	() Reserva	RION	() Fig. Name	
	() Photo (Conies	() CUS	-
() Certified Copy	() Photo (_
() C-II When Boady	() Call if F	roblem	() After 4:30	
() Call When Ready	() Will Wa	uit	美養 Pick Up	
() Mail Out	\ ,			•
() Mail Out		- x	rma	
Name	. '		riig 8 x	·
Availability		Dlogg	e Return Extra C	
Document	7/13	rieas Fi	le Stamped To:	•
Examiner	7/3			TE
Updater		Ta	ffrey Butterfie	
Verifier		<u>.</u>	12: 02	(c) sparit
Acknowledgment			ريان لايا	
		-		
W.P. Verifier	. c . c	Ouristre	-	
CR2E031 (1-89)		COULLIETTE JUL 1	3 1999	

Florida Department of State, Jim Smith, Secretary of State

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

Flor	suant to the provisions ida Statutes, the unders ORIDA submits the unders submits the state of the sta	signed corporation e following staten	organized under the nent in order to chan	e laws of the Sta	ate of
	•				
1a.	The name of the corpo	ration is:1	CLORIDA CLUB HOMES	, INC.	99
—- 1b.	Date of incorporation_	2/28/97	Document	number	
2. ·	The name and address		istered agent and of	fice:	
	4500 PGA I	BLVD., STE. 400	PÄLM BÉACH GARI	DENS, FL 3341	8 95
3.	The name and address (P.O. Box No	Acceptable)	ered agent and office	£	····
c/o	C T CORPORATION SYST	EM, 1200 South	Pine Island Rd., Pi	lantation Flor	ida 33324
	street address of its re s registered agent as ch			of the business	office
	h change was authorize		aly adopted by its bo	ard of directors	or by
	SIGNATURE 7/8/99		MAUREEN E. THOM. (Type or printed r	AS, ASST, SECY name and title)	
	DATE				
PRO IN T AGI WIT PLE	VING BEEN NAMED AS DCESS FOR THE ABON THIS CERTIFICATE, I HE ENT AND AGREE TO A TH THE PROVISIONS O ETE PERFORMANCE OF E OBLIGATION OF MY F	/E STATED CORI EREBY ACCEPT CT IN THIS CAPA F ALL STATUTES F MY DUTIES, AN	PORATION AT THE THE APPOINTMENT CITY, I FURTHER A RELATIVE TO THE ID I AM FAMILIAR W	PLACE DESIGN AS REGISTER GREE TO COM PROPER AND	NATED RED IPLY COM-
		O:OMATUDE	C T CORPORATI	ON SYSTEM	200
		SIGNATURE Mar DATE7	BY:	red Agent)	
	Division of Corpor	 ,	ox 6327. Tallaha	ssee. FL 323	314

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)

Filing Fee: \$35.00