751507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chandlers Forde Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 751507

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:

Name of Contact Person

LIGHTHOUSE PROPERTY MANAGEMENT
Firm/Company

16 CHURCH ST
Address

OSPREY FL 34229
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (941) 966-6844
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2009

LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH ST.
OSPREY, FL 34229

SUBJECT: CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 751507

We have received your document for CHANDLERS FORDE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 909A00030235

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: Chandlers Forde Condominium Association, Inc.
2. The principal office address: 4951 Ringwood Meadow Sarasota FL 34235
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/19/1980 Document number: 751507
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   PROGRESSIVE COMMUNITY ~~MANAGEMENT~~, INC.
   1801 GLENGARY STREET, FL 1
   SARASOTA, FL 34231-3637

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

   Jacques Linder
   4639 Chandlers Forde
   P.O. Box NOT acceptable
   Sarasota FL 34235

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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.

Thomas C. Dean Treasurer — Signature of an officer or director

Thomas C. Dean Treasurer — Printed or typed name and title

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.

Jacques E Linder — Signature of Registered Agent

9/2/09 — Date

If signing on behalf of an entity:

_____
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)