

N00000000834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900162204949

11/04/09--01025--011 **35.00

2009 NOV -4 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

R.A.

TB

NOV - 5 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Park Hill Estates Homeowner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000000834

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:

Linda Edgar, Account Representative
Name of Contact Person

CMC Management, Inc.
Firm/Company

2950 Jog Road
Address

Greenacres, FL 33467
City/State and Zip Code

cmc@management.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Edgar at (561) 641-1016
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Park Hill Estates Homeowner's Association, Inc.
2. The principal office address: c/o CMC Management, Inc., 2950 Jog Road, Greenacres, FL 33467
3. The mailing address (if different): same

4. Date of incorporation/qualification: 02/03/2000 Document number: N00000000834

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)

Dicker, Krivock & Stoloff, P.A.
1818 Australian Avenue South, Suite 400
West Palm Beach, FL 33409

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


Associated Corporate Services^{uc} c/o Louis Caplan, Esquire
6111 Broken Sound Parkway NW, Suite 200
Boca Raton, FL 33487

P.O. Box NOT acceptable

2009 NOV -4 PM 4: 10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

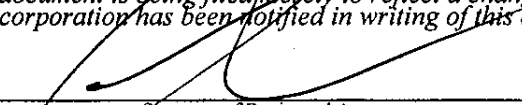
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Josephine Ringelstein
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.


Signature of Registered Agent

July 28, 2009
Date

If signing on behalf of an entity:
Louis Caplan
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