## NO1000007993

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		





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02/09/15--01017--003 \*\*35.00

SECRETARY OF STARRED ON SECRETARY OF CORPORATIONS

2-16-15

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Tuscany Ridge Homeowners Association, Inc.

Name of Corporation

N01000007993

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:

Jan J. McClanahan

Southwest Property Management, Inc.

13350 W. Colonial Dr., Ste. 330

Address

Winter Garden, FL 34787

City/State and Zip Code

ian@swpmcfl.com

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

For further information concerning this matter, please call:

Jan McClanahan

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA are to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Tuscany Ridge Homeowners Association, Inc.	
2. The principal	office address: 13350 W. Colonial Drive Ste. 330	
	arden, FL 34787 oF Central Flori	da
<del>-</del>	ox 783367 Winter Garden, FL 34778	
4. Date of incom	poration/qualification: 11/09/2001 Document number: N01000007993	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Associa/Community Management Professionals, Inc.	
	4700 Millenia Blvd.	
	Orlando, FL 32839	· is
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  Central Florida	X 3V1 383.43
	Southwest Property Management, Inc.	
	13350 W. Colonial Drive Ste. 330 P.O. Box NOT acceptable	
	P.O. Box NOT acceptable  Winter Garden, FL 34787	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
-cm	SIMA PATEL TEASURES	_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sig	inature of Registered Agent Date	
If signing on be	chalf of an entity:	
gary	yped or Printed Name	

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