## N02725

(Danuaria da Mana)
(Requestor's Name)
(Address)
House Of Management Enterpris for Community Associations, Inc.
5756 S. Semoran Boulevard • Orlando, FL 32822
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RA/RACh8
(3/12/10)

## \* 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: Granada Villas Homeowners Association, Inc.
2. The principal office address: 5756 S. Semoran Boulevard, Orlando, Florida 32822
3. The mailing address (if different): Same as above.
4. Date of incorporation/qualification: 04/26/1984 Document number: N02725
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
5401 Kirkman Pd AUSO
URlando Fe 32819 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  House of Management Enterprises for Community  Associations, Inc.
House of Management Enterprises for Community
Associations, inc.
(P.O. Box NOT acceptable) 5756 S. Semoran Boulevard, Orlando, Florida 32822
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, of the corporation has been notified in writing of the change.
Had Cohen - U. P.  Signature of an officer or director)  Had Cohen - U. P.
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)  (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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