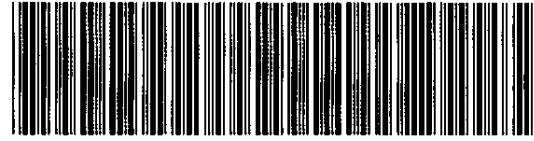


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Jesup Woods Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000004371

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:

Kevin Davis

Name of Contact Person

Community Management Specialists, Inc.

Firm/Company

1750 West Broadway Street, Suite 222

Address

Oviedo, Florida 32765

City/State and Zip Code

kevin@cmsorlando.com

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

For further information concerning this matter, please call:

Kevin Davis

Name of Contact Person

at (407)

359-7202

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

July 26, 2010

KEVIN DAVIS
COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 WEST BROADWAY ST., STE. 222
OVIDO, FL 32765

SUBJECT: LAKE JESUP WOODS HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N05000004371

We have received your document for LAKE JESUP WOODS HOMEOWNERS' 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):

You failed to make the correction(s) requested in our previous letter.

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: 910A00017983

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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2010

KEVIN DAVIS
COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 WEST BROADWAY ST., STE. 222
OVIDO, FL 32765

SUBJECT: LAKE JESUP WOODS HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N05000004371

We have received your document for LAKE JESUP WOODS HOMEOWNERS' 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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: 310A00016988

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lake Jesup Woods Homeowners Association, Inc.
2. The principal office address: 1750 West Broadway Street, Suite 222
Oviedo, Florida 32765
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/27/2005 Document number: N05000004371
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)

Webb, Robin
901 North Lake Destiny Drive #110
Maitland, FL 32751

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

Community Management Specialists, Inc.
1750 West Broadway Street, Suite 222
P.O. Box NOT acceptable
Oviedo, Florida 32765

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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.


Signature of an officer or director

Susan Kinney, President
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

7/29/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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