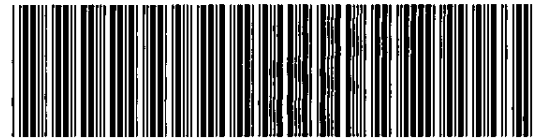


N050000006759



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHERRY LAUREL CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N05000006759

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:

Joanie Trotman  
Name of Contact Person

Florida Association & Property Management, Inc.  
Firm/Company

Post Office Box 11143  
Address

Tallahassee, Florida 32302  
City/State and Zip Code

jtrotman@myfloridahoa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanie Trotman at ( 850 ) 727-7335  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 DEC 13 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 3, 2010

JOANIE TROTMAN  
P.O. BOX 11143  
TALLAHASSEE, FL 32302

SUBJECT: CHERRY LAUREL CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05000006759

We have received your document for CHERRY LAUREL 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):

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: 710A00025905

**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: CHERRY LAUREL CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 16893 Sunray Road, Tallahassee, Florida 32309

3. The mailing address (if different): Post Office Box 11143, Tallahassee, Florida 32302

4. Date of incorporation/qualification: 06/30/2005 Document number: N05000006759

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)

Resigned Dan Isaacs  
528 East Park Avenue  
Tallahassee, Florida 32301

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

Florida Association & Property Management, Inc.  
16893 Sunray Road, Tallahassee, Florida 32309  
P.O. Box NOT acceptable

10 DEC 13 AM 11:20  
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.

Jack Finley, Jr.  
Signature of an officer or director

Jack Finley 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.

Joanie Trotman  
Signature of Registered Agent

September 27, 2010  
Date

If signing on behalf of an entity:

Joanie Trotman  
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)