

NO 5000008915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

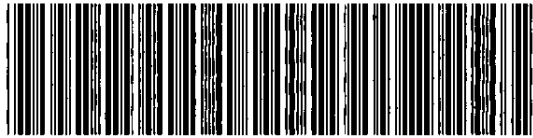
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JAN 22 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2010

PATTI STEVENS
COMMUNITY MGMT PROFESSIONALS, INC.
5401 S KIRKMAN RD., #450
ORLANDO, FL 32819

SUBJECT: VIZCAY HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.
Ref. Number: N05000008915

We have received your document for VIZCAY HOMEOWNERS ASSOCIATION OF POLK COUNTY, 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 document must have original signatures.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00000184

RECEIVED
JAN 22 AM 8:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vizcay Homeowners Assn. of Polk County, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000008915

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:

Patti Stevens
Name of Contact Person

Community Mgmt. Professionals, Inc.
Firm/Company

5401 S. Kirkman Rd., #450
Address

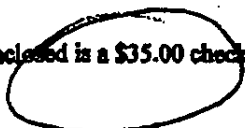
Orlando, FL 32819
City/State and Zip Code

pstevens@community-mgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Stevens at 407, 903-9969, ext. 124
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: Vizcay Homeowners Association Polk County, Inc.
- 2. The principal office address: 425 W. Colonial Dr. # 204
Orlando, Fl. 32804
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/29/05 Document number: N 05000008915

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)
Woods, Jonathan D.
425 W. Colonial Dr. # 204
Orlando, Fl. 32804

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Community Management Professionals, Inc.
5401 S. Kirkman Rd. #450
Orlando, Fl. 32819
P.O. Box NOT acceptable

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 authorized by the board, or the corporation has been notified in writing of the change.

Mark M. Guly
Signature of an officer or director

Martin McSweeney
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. 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]
Signature of Registered Agent

1/19/10
Date

If signing on behalf of an entity:
Don Duprey
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)

FILED
10 JAN 22 AM 9:04
TALLAHASSEE FLORIDA
SECRETARY OF STATE