

N32101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

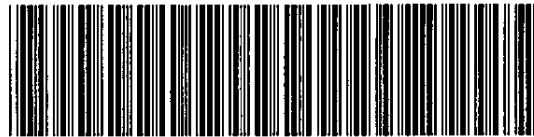
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Corrected RA by  
phone call

Office Use Only



100067800911

03/23/06--90021--029 \*\*35.00

RA to  
change

T. Roberts JUN 05 2006

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUN -2 AM 9:21

FILED

To: Tina Roberts (Personal and Confidential)  
Divisions of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

From: Rex Bowman (Manager)  
Waterford Pointe Homeowners' Association, Inc (#N32101)  
5401 S. Kirkman Road, Ste. 450  
Orlando, FL 32819

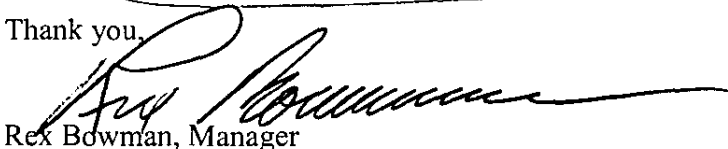
Subject: Confusion getting Agent name changed.

Enclosed is the information you requested to get things straight. The original agent change request that was sent in with \$35.00 check that was cashed by the department (copy enclosed). The problem was the request was on the annual report form and the \$35.00 did NOT cover that form.

Also enclosed is the Resignation of registered agent form that did go through your system. The sad thing is the HOA has paid extra since two companies sent in forms.

Hopefully with this information everything can be corrected. Please let me know if it is not corrected. Call 407 903-9969 ext. 114 or e-mail [Rex@community-mgmt.com](mailto:Rex@community-mgmt.com).

Thank you,



Rex Bowman, Manager  
For Waterford Pointe HOA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WATERFORD POINTE HOMEOWNERS' ASSOCIATION  
(Name of Corporation)

**DOCUMENT NUMBER:** N32101

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:

REX BOWMAN  
(Name of Contact Person)

COMMUNITY MANAGEMENT PROFESSIONALS  
(Firm/Company)

5401 S. KIRKMAN ROAD, STE 450  
(Address)

ORLANDO, FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

REX BOWMAN at ( 407 ) 903-9969 Ext 114  
(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: Waterford Pointe Homeowners' Association  
2. The principal office address: 5401 S. Kirkman Road, Ste 450  
Orlando, FL 32819  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/04/89 Document number: N32101

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

James Hart Jr. None / Resigned  
Century Management Inc  
2180 W SR 434 Ste 5000  
Longwood, FL 32779

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TALLAHASSEE, FLORIDA

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

Community Management Professionals Inc  
5401 South Kirkman Road, Ste 450  
(P.O. Box NOT acceptable)  
Orlando, FL 32819

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]  
(Signature of an officer or director)

VINCENT MALDONADO 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]  
(Signature of Registered Agent)

5-30-06  
(Date)

If signing on behalf of an entity:

SUE CARPENTER, PRES.  
(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