

N 94000002389

Requester's Name

Address

City/State

**Central  
Property Management**

190 North Westmonte Drive, Suite 100  
Altamonte Springs, FL • 32714

Office Use Only

01 JUN -5 AM 8:54  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. \_\_\_\_\_  
(Corporation Name) (Document #) **000004341620--5**  
-06/05/01--01043--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

*ADA Change  
6-13-01  
DMS*

Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cobblefield Homeowners Association, Inc.

2. The mailing address of the corporation: % Jason Murphy  
2366 Cobblefield Circle, Apopka FL 32703

3. Date of incorporation/qualification: 5.4.1994 Document number: \_\_\_\_\_

4. The name and address of the current registered agent and office: James W. Hart, Jr.  
2180 SR 434 West, Suite 5000  
Longwood FL 32750

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)  
Marilyn Campbell  
190 N. Westmonte Drive, Suite 100  
Altamonte Springs FL 32714

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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.

[Signature] 5/31/01  
(Signature of an officer, chairman or vice chairman of the board) (Date)

JASON MURPHY  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature] 5/22/01  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
MARILYN CAMPBELL PRES.  
(Typed or Printed Name) (Capacity)

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