

N960000000111

(Requestor's Name)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAKE CAWOOD ESTATES HOMEOWNERS ASSN. INC.  
(Name of corporation)

DOCUMENT NUMBER: N96000000111

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:

SUE CARPENTER

(Name of person)  
COMMUNITY MANAGEMENT  
PROFESSIONALS INC  
5401 KIRKMAN RD STE 450  
ORLANDO, FL 32819

(Address)

(City/state and zip code)

For further information concerning this matter, please call:

SUE CARPENTER at 407, 903-9969 #105  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**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: LAKE CAWOOD ESTATES HOMEOWNERS Association
2. The principal office address: COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 KIRKMAN RD STE 450 ORLANDO, FL 32819 Inc
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1.8.1996 Document number: N9600000011

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

Thomas Symonelle  
13725 LAKE CAWOOD DR  
WINDERMERE FL 34786

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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 KIRKMAN RD STE 450 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.

WCB  
 (Signature of an officer, chairman or vice chairman of the board)

Nick Bomleny, 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.

Sue Carpenter  
 (Signature of Registered Agent)

3-15-04  
 (Date)

If signing on behalf of an entity:  
SUE CARPENTER  
 (Typed or Printed Name)

PRESIDENT  
 (Capacity)

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