

N9900002627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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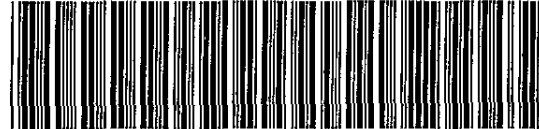
(Business Entity Name)

(Document Number)

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PS 1/27/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STEEGFIELD HOA INC.
(Name of corporation)

DOCUMENT NUMBER: N99000002629

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:

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

(Address)

(City/state and zip code)

For further information concerning this matter, please call:

SUE CARPENTER at 407, 903-9969
(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

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: STONEFIELD HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: COMMUNITY MANAGEMENT
PROFESSIONALS INC.
5401 KIRKMAN RD STE 450
ORLANDO, FL 32819
3. The mailing address (if different): TEL (407) 903-9969

4. Date of incorporation/qualification: 4/26/1999 Document number: N99 00000 2629

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

JAMES HART
Sentry Management
2120 WEST SR 434, LONGWOOD FL 32779

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
(P.O. Box or personal mail) TEL (407) 903-9969

The street address of its registered office and the street address of the business office of its registered agent, if 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)

JOHN QUITSCHREISER, 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)

12-15-03
(Date)

If signing on behalf of an entity:

SUE CARPENTER
(Typed or Printed Name)

PRESIDENT
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
04 JAN 20 AM 10:04
TALLAHASSEE, FLORIDA
DIVISION OF STATE