## N94000003935

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: WATER FORD LAKES TRACT N25-A NEGHBORHOOD (Name of corporation) ASSOCIATION
DOCUMENT NUMBER: N 94000002935
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 contact person)
Community Management Professionals The
5401 S KIRKMAN Rd #450 (Address)
ORIAndo FI 32819 (City/state and zip code)
For further information concerning this matter, please call:  SUE CARPENTER  at (40) 903 9969  (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
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	
in order to change its registered office or registered agent, or both, in the State of Florida.	,
1. The name of the corporation: WATER TO ROLAKES TRACT W25A NEIGH DO	Rha
2. The principal office address: 5401 S KIRKMAN Rd HSSOCIA	¥ 10.
Suite 450 ORlANDO FI 32819	
3. The mailing address (if different):	<u></u>
1/0/0/	
4. Date of incorporation/qualification: 4/9/94 Document number: N94000029	جح
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
PENNERST Mant INC	
1813 N DEAN Rd #103	
ORIANDO FI 32817	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	03
Community Mant Prof. Inc.	
5401 S KIRKMAN Rd #450 8	
(P.O. Box NOT acceptable)	
ORIANDO FI 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.	
DEXUSE A HORSON	
(Signature of an Okicer or director) (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.	
melarbenter, Trea. 12-6-04	
(Signatus) of Registered Agent) (Date)	
If/signing on behalf of an entity:	
Typed or Printed Name)	
( * 1 bot of 1 titles talte)	

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