

DIVISION OF CORPORATIONS
2005 FEB 11. AM 11: 26

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Arbor Glen at Tuscawilla Homeowners Association Inc. (Name of corporation) |
| DOCUMENT NUMBER: N41145 |
| 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: |
| Kimberly Fowler |
| (Name of contact person) |
| Central Florida Community Management |
| (Firm/Company) |
| 266 Wilshire Blvd., Suite 110 |
| (Address) |
| Casselberry, FL 32707 |
| (City/state and zip code) |
| For further information concerning this matter, please call: |
| * Kimberly Fowler at (407) 830-7799 (Name of contact person) (Area code & daytime telephone number) |
| (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

| 1. The name of the co | orporation: | Arbor Gler | at Tusc | awilla Ho | omeowners | · Associa | ı£1oı |
|--|--|--|--|---|---------------------------------------|--------------|-----------|
| 2. The principal offic | e address: | 266 Wilshi Casselberi | re Blvd. | | | | Inc |
| 3. The mailing address | ss (if different):_ | (same) | | | | | _ |
| 4. Date of incorporati | ion/qualification: | 12-10-90 | Document | number: N4 | 11145 | | <u> </u> |
| The name and stree Florida Departmen | | current registered ag | gent and register | red office on fil | e with the | | |
| | James W | . Hart, Jr. | Preside | nt | | • | 밀. |
| | Sentry | Management | Inc. | | | TOPS F | SECRE |
| | 2180 St | ate Road 43 | 4 W, Ste | . 5000 | | B | 9 |
| 6. The name and stree | | d, FL 3277 new registered agen | | nd /or registered | d office | ¥- | OF COK' O |
| (if changed): | Winks. | Harria | | | | | - |
| (if changed): | | y Fowler | | | | | 1:26 |
| (if changed): | 266 Wil | shire Blvd. | | 110 | · · · · · · · · · · · · · · · · · · · | ZMS FEB 14 " | 1,26 |
| (if changed): | 266 Wil | | | 110 | · · · · · · · · · · · · · · · · · · · | | 1:26 |
| | 266 Wil (Casselb | shire Blvd. | 2707 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | of its registere | | 1:26 |
| (if changed): The street address of as changed will be in the street address authorized by the bo | 266 Wil Casselb f its registered of dentical. | shire Blvd. 2.0. Box NOT acceptable) erry, FL 3 fice and the street | 2707 address of the b | ousiness office | | ed agent, | 1:26 |
| The street address of as changed will be in | 266 Wil Casselb f its registered of dentical. | shire Blvd. 2.0. Box NOT acceptable) erry, FL 3 fice and the street | 2707 address of the b | ousiness office | | ed agent, | 1:26 |
| The street address of as changed will be in | Casselb f its registered of dentical. thorized by resolvard, or the corporate of the corp | shire Blvd. 2.0. Box NOT acceptable) erry, FL 3 fice and the street ution duly adopted ration has been no egistered agent and ovisions of all statuand accept the oblived a change in the | address of the baddress of the | ousiness office f directors or b g of the change finted or typed name this capacity | y an officer so | ed agent, | 1:26 |

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

(Typed or Printed Name)