N05000005355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 AUG 27 PM 4:42

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Enclave @ Moss Park HOA
Name of Corporation

DOCUMENT NUMBER: N05000005355

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:

Suzan Kearns
Name of Contact Person

Community Management Professionals
Firm/Company

4700 Millenia Blvd. Ste. 515
Address

Orlando, FL 32839
City/State and Zip Code

falmonte@community-mgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Skearns
Name of Contact Person at (407) 455 5950
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2012

SUZAN KEARNS
COMMUNITY MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD - STE. 515
ORLANDO, FL 32839

SUBJECT: THE ENCLAVE AT MOSS PARK HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N05000005355

We have received your document for THE ENCLAVE AT MOSS PARK HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 112A00021138

RECEIVED
12 AUG 27 PM 2:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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: The Enclave at Moss Park Homeowners Association Inc.

2. The principal office address: _____

3. The mailing address (if different): 4700 Millenia Blvd. Ste 515 Orlando, FL 32839

4. Date of incorporation/qualification: 5-23-05 Document number: N05000005355

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Leland Management
6972 Lake Gloria Blvd.
Orlando, FL 32809

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Community Management Professionals, Inc
4700 Millenia Blvd. Ste. 515
P.O. Box NOT acceptable
Orlando, FL 32839

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TALLAHASSEE, FLORIDA
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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, or the corporation has been notified in writing of the change.

* Christian E. Pratt
Signature of an officer or director

Christian E. Pratt 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 of Registered Agent

8/27/2012
Date

If signing on behalf of an entity:

_____
Typed or Printed Name

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

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

CR2E045 (8/05)