

N 98000002692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

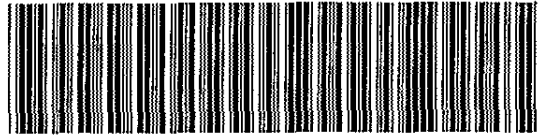
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100022817891

09/15/03--01040--018 \*\*35.00

FILED  
03 SEP 15 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. Ouellette SEP 19 2003

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAKE GLORIA PRESERVE HOA Inc  
(Name of corporation)

DOCUMENT NUMBER: N 98 00000 2692

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)

cf. Community Mgmt. Prof Inc.  
(Name of firm/company)

5401 S. Kirkman Rd #475  
(Address)

Orlando FL 32819  
(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: LAKE GLORIA PRESERVE HOMEOWNERS ASSN INC
2. The principal office address: 5401 S. Kirkman Rd  
Suite 475 Orlando FL 32819
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/12/98 Document number: N98000002692

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

Theresa D Sutherland  
5695 Beggs Rd Suite B100  
Orlando FL 32810

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Community Management Professionals, Inc.  
5401 S. Kirkman Rd #475  
Orlando FL 32819
- (P.O. Box or personal mailbox NOT acceptable)

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.

[Signature]  
(Signature of president, chairman or vice chairman of the board)

TERREY S. FALCASSANO - 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)

9/8/03  
(Date)

If signing on behalf of an entity:

SUE CARPENTER  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

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