

727919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

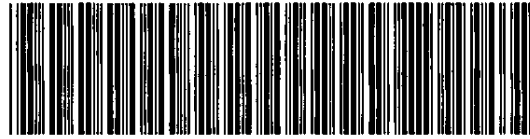
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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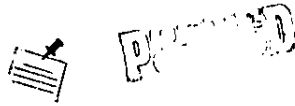
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TALLAHASSEE, FLORIDA
14 DEC 29 PM 3:59

JAN 08 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations



SUBJECT: Woodside Village Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 727919

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:

Kevin Davis
Name of Contact Person

Community Management Specialists, Inc.
Firm/Company

1942 W. County Rd. 419, Suite 1030
Address

Oviedo / FL 32766
City/State and Zip Code

Accounting@CMSoflando.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caylie Hague at (407) 359-7202 x.102-
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Woodside Village Homeowners Association, Inc.
2. The principal office address: 10 First Service Residential 385 Douglas Ave., Ste. 3000, Altamonte Springs, FL 32714
3. The mailing address (if different):

4. Date of incorporation/qualification: 11/01/1973 Document number: 727919

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)
Wean + Matchow, P.A.
1416 East Colonial Dr.
Orlando, FL 32803

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Community Management Specialists
1942 W. County Rd. 419, Suite 1030
Orlando, FL 32766

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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.

Chris Sherburne, WVHOA Chris Sherburne, President
Signature of an officer 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.

Signature of Registered Agent Date 12/16/14

If signing on behalf of an entity:
Typed or Printed Name

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