749772

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilios Eliti) Hallo,
(Document Number)
Certified Copies Certificates of Status
0 111 2 5 5 6 6 6
Special Instructions to Filing Officer:

Office Use Only



700422631637

02/02/24--01031--004 **35.00

2024 FEB - 2 AM 9: 49

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC. Name of Corporation	_
DOCUMENT NUMBER: 749722	<u> </u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	
KEVIN DAVIS	
Name of Contact Person COMMUNITY MANAGEMENT SPECIALISTS, INC.	
Firm/Company	
71 S. CENTRAL AVENUE	~ .
Address	2024 Sep
OVIEDO, FL 32765	2024 FEB -2
City/State and Zip Code	
KEVIN@CMSORLANDO.COM	(A)
E-mail address: (to be used for future annual report notification)	SSE SSE
	က်က္က မွာ
For further information concerning this matter, please call:	14.33 STATE 61.6 I
KEVIN DAVIS at (407)359-7202	
Name of Contact Person at (407)359-7202 Area Code & Daytime Tel	lephone 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org er to change its registered office or reg	ganized under the law	s of the State of FI	LORIDA	<u> </u>
1. The name of	the corporation: HANOVER WOODS	HOMEOWNERS' ASS	OCIATION, INC.		
2. The principal	office address: 71 S. CENTRAL AVEY	NUE, OVIEDO, FL 327	⁷ 65		_
3. The mailing a	address (if different): 71 S. CENTRAL	AVENUE, OVIEDO, I	PL 32765		
4. Date of incorp	poration/qualification: 11/08/1979	Document no	umber: <u>749722</u>		
	d street address of the current registerent ment of State: (If resigned, enter resigned)		l office on file with	h the	
	SOUTHWEST PROPERTY MANAGE	EMENT OF CENTRAL	_ FLORIDA		
	610 N WYMORE ROAD, SUITE 200			2024 3035 776	
	MAITLAND, FL 32751-4239			2024 FEB -2	
6. The name and (if changed):	SOUTHWEST PROPERTY MANAGE 610 N WYMORE ROAD, SUITE 200 MAITLAND, FL 32751-4239 d street address of the new registered a COMMUNITY MANAGEMENT SPE	gent (if changed) and	/or registered office	-2 AM 9: 49 HASSEE, FL	in u
	COMMUNITY MANAGEMENT SPE	CIALISTS, INC.		. F. 1.9	
	71 S. CENTRAL AVENUE			(
	P.O. OVIEDO, FL 32765	Box NOT acceptable			
The street address changed will	ess of its registered office and the street be identical.	eet address of the bus	iness office of its	registered age	nt,
Such change wa authorized by th	as authorized by resolution duly adorne board, or the corporation has been	ited by its board of di notified in writing of	rectors or by an of the change.	officer so	
	_	KIRA LAKE			_
Ş	re of an officer or director the appointment as registered agent to comply with the provisions of all s id I am familian with and accept the o ing filed merety to reflect a change in s been notified in writing of this chan		d or typed name and title his capacity, proper and comp tion as registered address, I hereby		- nce his he
	Jul V	KEVIN DAVIS	1/29/20	24	_
	nature of Registered Agent half of an entity:		Date		
	ODS HOMEOWNERS' ASSOCIAT				
	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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