

1749722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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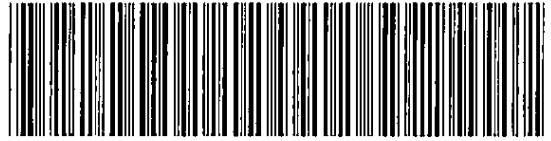
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 749722

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

71 S. CENTRAL AVENUE

Address

OVIEDO, FL 32765

City/State and Zip Code

KEVIN@CMSORLANDO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN DAVIS

Name of Contact Person

at (407) 359-7202

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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STATE DEPT OF STATE  
TALLAHASSEE, FL

**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: HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC.
- 2. The principal office address: 71 S. CENTRAL AVENUE, OVIEDO, FL 32765
- 3. The mailing address (if different): 71 S. CENTRAL AVENUE, OVIEDO, FL 32765
- 4. Date of incorporation/qualification: 11/08/1979 Document number: 749722
- 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)

SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FLORIDA  
610 N WYMORE ROAD, SUITE 200  
MAITLAND, FL 32751-4239

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

COMMUNITY MANAGEMENT SPECIALISTS, INC.  
71 S. CENTRAL AVENUE  
 P.O. Box NOT acceptable  
OVIEDO, FL 32765

DEPT. OF STATE  
 TALLAHASSEE, FL  
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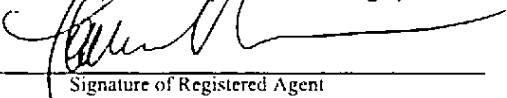
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
 Signature of an officer or director

KIRA LAKE  
 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

KEVIN DAVIS 1/29/2024  
 Date

If signing on behalf of an entity:

HANOVER WOODS HOMEOWNERS' ASSOCIAT  
 Typed or Printed Name

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