

00000007310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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11/23/11  
OK'd  
P. 20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Reserve at Oak Ridge Property Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N00000007310

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:

Kim Johnson  
Name of Contact Person

Community Management Services, Inc.  
Firm/Company

5837 Traub Creek Rd.  
Address

New Port Richey FL 34652  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Johnson at (727) 816-9900  
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 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 Reserve At Oak Ridge Property Association Inc.  
2. The principal office address: 5837 Trouble Creek Rd. New Port Richey, FL 34652

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N00000007310

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)

Sentry Management Inc  
2180 West SR 434 Ste 5000 (Resigned)  
Longwood, FL 32779

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

Community Management Services, Inc  
5837 Trouble Creek Rd  
P.O. Box NOT acceptable  
New Port Richey, FL 34652

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

12 AUG 22 PM 12:19

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.

Sandra Sandkuhl  
Signature of an officer or director

Sandra Sandkuhl  
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.

Kim Johnson  
Signature of Registered Agent

7/29/11  
Date

If signing on behalf of an entity:

Kim Johnson  
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)