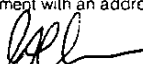


FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90059 046 ****61.25

DOCUMENT # N01000003839						Secretary of State 02-26-2007 90059 046 ****61.25																									
1. Entity Name TILDENS GROVE COMMUNITY ASSOCIATION, INC.				Principal Place of Business % COMMUNITY MGMT PRFSSNLS INC. 5401 KIRKMAN RD. STE 450 ORLANDO, FL 32819																											
Mailing Address % COMMUNITY MGMT PRFSSNLS INC. 5401 KIRKMAN RD. STE 450 ORLANDO, FL 32819				40023929 																											
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01172007 Chg-NP CR2E037 (12/06)		4. FEI Number 59-3723228																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable																									
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
Zip		Country		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																									
COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 KIRKMAN RD., STE 450 ORLANDO, FL 32819				Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code																											
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																															
SIGNATURE  RICHARD DRAKE, LCAM				2/22/07																											
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
<table border="1"><tr><td>TITLE</td><td>P</td><td>☒ Delete</td></tr><tr><td>NAME</td><td>DECARLO, DON</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5113 TILDENS GROVE BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WINDERMERE, FL 34786</td><td></td></tr></table>				TITLE	P	☒ Delete	NAME	DECARLO, DON		STREET ADDRESS	5113 TILDENS GROVE BLVD		CITY-ST-ZIP	WINDERMERE, FL 34786		<table border="1"><tr><td>TITLE</td><td>PD</td><td>☐ Change ☒ Addition</td></tr><tr><td>NAME</td><td>CHANGES, JOE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5462 TILDENS GROVE BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WINDERMERE, FL 34786</td><td></td></tr></table>				TITLE	PD	☐ Change ☒ Addition	NAME	CHANGES, JOE		STREET ADDRESS	5462 TILDENS GROVE BLVD		CITY-ST-ZIP	WINDERMERE, FL 34786	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE:  JOSEPH CHANESS				2/12/07 407-656-9397																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																											