N01000003839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900024088559

10/31/03--01064--025 **70.00

FILED
03 OCT 31 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N01000003839
RACM 10-31-03
3Y

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tilden's Grove Community Assn Inc
(Name of corporation)

DOCUMENT NUMBER: N01000003839

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:

Sue Carpenter
(Name of person)

COMMUNITY MANAGEMENT
PROFESSIONALS INC
5401 KIRKMAN RD STE 475
ORLANDO, FL 32819

(Address)

(City/state and zip code)

For further information concerning this matter, please call:

Sue Carpenter at (407) 903-9969 #105
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

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: TILDEN'S GROVE COMMUNITY ASSOCIATION INC

2. The principal office address: COMMUNITY MANAGEMENT PROFESSIONALS INC
6401 KIRKMAN RD STE 475
ORLANDO, FL 32819

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5-30-01 Document number: N01000003803

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JAMES W HART c/o SENTRY MGMT
2180 W ST RD 434
LONGWOOD FL 32779

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

COMMUNITY MANAGEMENT PROFESSIONALS INC
6401 KIRKMAN RD STE 475
ORLANDO, FL 32819

FILED
03 OCT 31 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

JOHN P. SHUMAKE PRESIDENT
(Signature of an officer, chairman or vice chairman of the board) (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.

Sue Carpenter 10-14-03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

SUE CARPENTER PRESIDENT
(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314