

(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

RAMADIA



100024149761

10/29/03--01037--008 **35.00

O3 OCT 29 AM II: 08

TRANSMITTAL LETTER

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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Status of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the St	-
<i>of Florida.</i> 1. The name of	the corporation: CHAPEL PINES HOMEOWNERS ASSOCIATION, S	TNC.
2. The principa	office address:	
<u></u>	Sterling Management, Inc.	
3. The mailing	address (if different): 2880 Scherer Drive N., Suite 840 St. Petersburg, FL 33716	
	rporation/qualification: 977/2001 Document number: NO 1000006	385
	and street address of the current registered agent and registered office on file with the artment of State:	
	DONNA FELDMAN, P.A. 2650 McCurnick Dr., Ste. 100 CLEARWATER, Fl. 33764	03 067 2
6. The name a changed):	RONALD COHERILI, P.M. 400 N. TAMPA St. Ste. 2625	
	TAMPA, H. 33602-4793	.
The street addragent, as change	ress of its registered office and the street address of the business office of its register ged will be identical.	red
Such change wanthorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Kobert Claw To Wer, chairman of the board) (Printed or typed name and title)	
I hereby accept I further agree performance of registered ago office address,	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as int. Or, if this document is being filed merely to reflect a change in the registered, I hereby confirm that the corporation has been notified in writing of this change.	
If signing on beha	(Signature of Registered Agent) (Dette)	
	Typed or Printed Name) Atty At LAW (Capacity)	

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