

No1000008783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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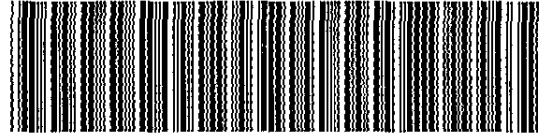
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

No1000008783
38 RALY
10-31-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROVIDENCE NEIGHBORHOOD ASSN. INC.
(Name of corporation)
DOCUMENT NUMBER: NO1000008723

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
8401 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

**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: PROVIDENCE NEIGHBORHOOD ASSOCIATION
2. The principal office address: COMMUNITY MANAGEMENT
PROFESSIONALS INC
6401 KIRKMAN RD STE 476
ORLANDO, FL 32819
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-13-01 Document number: NO1000008783
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

JAMES L HART
2180 W. SR 434 #5000
LONGWOOD FL 32779

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

COMMUNITY MANAGEMENT
PROFESSIONALS INC
6401 KIRKMAN RD STE 476
ORLANDO, FL 32819

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] JOHN R. SCHWARTZ 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.

[Signature] 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

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TALLAHASSEE, FLORIDA