V0200000/181

(Requestor's Name)						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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Mewis Land Lewis

COVER LETTER

TO: Amendment Division of C					
SUBJECT:	Fawn Ridge Homeown	ers Association, Inc.			
DOCUMENT NUM	IBER: NO2	2000001181			
The enclosed Statem	ent of Change of Registered Offi	ce/Agent and fee are submitted	for filing.		
Please return all corr	espondence concerning this matt	er to the following:			
_		n Davis			
	Name of C	ontact Person			
Community Management Specialists, Inc.					
_	Firm/C	Company	.		
		ay Street Suite 222			
_	Ad	dress	()		
		FL 32765 and Zip Code	100 J. W.		
_	Oviedo,	FL 32765			
	City/State	and Zip Code	, 1 N.		
	kevin@cms	orlando.com			
Ē	-mail address: (to be used for	future annual report notification	tion)		
For further informati	on concerning this matter, please	call:			
	Kevin Davis	at (407)	359-7202		
Name	of Contact Person	at (407) Area Code & Daytime	Telephone Number		
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle		

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F TO:

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

statement of cha	nge is submitted for a co	rporation organiz	, 607.1508, or 617.1508, Flo ted under the laws of the Sta and growt, on both, in the Sta	te of Florida
			ed agent, or both, in the Sta	
	•	-	eowners Associatio Suite 222, Oviedo, FL	
<u> </u>				
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	2/13/02	Document number:	N02000001181
	d street address of the current of State: (If resigne		ent and registered office on t	file with the
	Marilyn Campbell			
	860 N S.R. 434 Sui	te 1009		
	Altamonte Springs,	FL 32714		
6. The name and (if changed):	street address of the new	registered agent	(if changed) and /or register	2010 JUN ? SECRETA ALLEGAHAS
	Kevin Davis c/o Co	mmunity Mana	agement Specialists, Ir	
	1750 W Broadway	Street Suite 2	•	
	Oviedo, FL 32765	P.O. BOX NOT	ахераже	: 51
The street addre	ess of its registered office be identical.	and the street a	ddress of the business offic	e of its registered agent,
Such change wa authorized, by th	as authorized by resolution board/or the corporation	on duly adopted on has been noti	by its board of directors or fied in writing of the chang	by an officer so
/// .	A WWSUX te of an officer or director	7/ (awson (V.P.)
			agree to act in this capacit les relative to the proper an ation of my position as reg registered office address, l	ly. ad complete performance istered agent. Or, if this hereby confirm that the
Tuni	24		6/18/2010	
	nature of Registered Agent		Date	
n signing on be	half of an entity:			
Ty	Kevin Davis			

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