

NO3000006218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

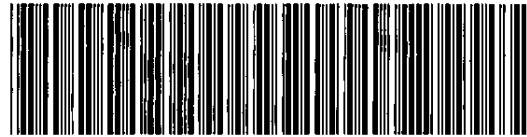
(Business Entity Name)

(Document Number)

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9-26-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cumberland Trace Property Owners Association
Name of Corporation

DOCUMENT NUMBER: N03000006218

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:

Diane G Lee
Name of Contact Person

DLG Management Services
Firm/Company

307 S Willow Avenue, Suite 100
Address

Tampa, Florida 33606
City/State and Zip Code

dlee@dlgmgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane G Lee at (813) 254-1600
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED
SEP 19 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BY:

September 9, 2011

CUMBERLAND TRACE PROPERTY OWNERS ASSOCIATION, INC.
611 WEST BAY STREET
SUITE A
TAMPA, FL 33606

SUBJECT: CUMBERLAND TRACE PROPERTY OWNERS ASSOCIATION,
INC.
Ref. Number: N03000006218

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Our office previously returned this check as there were no documents submitted with it. Please resubmit the payment with the appropriate paperwork. In the memo field you have indicated it is for an Annual Corporate Report Update. Our records indicate the annual report was filed on February 19, 2011. We do not have record of an amended annual report having been submitted online.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 411A00020970



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2011

CUMBERLAND TRACE PROPERTY OWNERS ASSOCIATION, INC.
611 WEST BAY STREET
SUITE A
TAMPA, FL 33606

SUBJECT: CUMBERLAND TRACE PROPERTY OWNERS ASSOCIATION,
INC.
Ref. Number: N03000006218

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P.O. Box 6327
Tallahassee, FL 32314

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(850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 111A00019456

**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: Cumberland Trace Property Owners Association
2. The principal office address: 307 S Willow Avenue, Suite 100, Tampa, Florida 33606
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 7-21-2003 Document number: N03000006218
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DLG Management Services

611 West Bay Street, Suite A

Tampa, FL 33606

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

DLG Management Services

307 S Willow Avenue, Suite 100

P.O. Box NOT acceptable

Tampa, FL 33606

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.

Diane Lee

Signature of an officer or director

Diane Lee

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.

Diane Lee

Signature of Registered Agent

8-8-11

Date

If signing on behalf of an entity:

Diane G Lee

Typed or Printed Name

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

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

CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA