N03000007845

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, , ,	
(Document Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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C.COULLIETTE
AUG 3 0 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporation	ns				
SUBJECT: Dunwoody Commons Homeowners Association, Inc. Name of Corporation					
DOCUMENT NUMBER:	N03	000007845			
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:					
Patty Lowe					
Name of Contact Person					
	Odanda Commu	nih. Manasamant			
		nity Management			
	312 Dunf	ries Court			
Address					
	•				
Longwood / Florida 327, 79					
City/State and Zip Code					
patty@OrlandoCommunityManagement.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Patty Lo	WA	407	256_1337		
Name of Contac		Area Code & Day	256-1337 time Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailin	g Address:	Street Address	<u>ı:</u>		
Amon	dment Section	Amendment S	ection		
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Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2011

PATTY LOWE ORLANDO COMMUNITY MANAGEMENT 312 DUNFRIES CT LONGWOOD, FL 32779

SUBJECT: DUNWOODY COMMONS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N03000007845

We have received your document for DUNWOODY COMMONS HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must include the corporation's principal office address and the mailing address.

Please-return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 311A00019618



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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, Flor statement of change is submitted for a corporation organized under the laws of the State in order to change its registered office or registered agent, or both, in the State	e of Florida
1. The name of the corporation: Dunwoody Commons Homeowners A	
2. The principal office address: 3/2 Dunfries Ct	
Longwood, FL 32779	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/10/2003 Document number:	N03000007845
The name and street address of the current registered agent and registered office on fi Florida Department of State: (If resigned, enter resigned)	e with the
L.A. Real Estate, Inc.	
7523 Aloma Ave., Suite 101	
Winter Park, Florida 32792	ALLA ALLA
6. The name and street address of the new registered agent (if changed) and /or registere (if changed):	d office ASSE
Orlando Community Management	<u></u>
312 Dunfries Court	LOR -
P.O. Box NOT acceptable Longwood, Florida 32779	RIDA
The street address of its registered office and the street address of the business office as changed will be identical.	of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or bauthorized by the board, or the corporation has been notified in writing of the change	ry an officer so
Preside Signature of an officer or director Printed or typed name	ent mile
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 of my duties, and I am familiar with and accept the obligation of my position as registed accument is being filed merely to reflect a change in the registered office address, I is corporation has been notified in writing of this change.	
Dotte Lowe Show	
Signature of Registered Agent /Date	
If signing on behalf of an entity:	
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, TALLAHASSEB, FL 32314
CR2E045 (8/05)