N040000 3327

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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies				
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SEP II, PM 3-0

ROLL

COVER LETTER

TO: Amendment Division of 0	Section Corporations				
SUBJECT:	Brentwood Club HOA o	of Longwood, Inc.			
DOCUMENT NUM	IBER: NO40	00003327			
The enclosed Statem	ent of Change of Registered Office	/Agent and fee are submitted	for filing.		
Please return all com	respondence concerning this matter	to the following:			
Kevin M. Davis					
	Name of Con	tact Person			
	0				
Community Management Specialists, Inc. Firm/Company					
	1 mile Co	mpany			
	1750 W. Broadway	Street Suite 220			
1750 W. Broadway Street, Suite 220 Address					
Oviedo, FL 32765					
City/State and Zip Code					
havin Game - de see					
kevin@cmsorlando.com E-mail address: (to be used for future annual report notification)					
	·	•	•		
For further informat	ion concerning this matter, please c	all:			
	Kevin Davis	at (407)	359-7202		
Nam	e of Contact Person	at (407) Area Code & Daytime	Telephone Number		
Enclosed is a \$35.00	check made payable to the Depart	ment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Secti	on		
	Division of Corporations	Division of Corpo			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive C			
		Tallahassee, FL 3	2301		

TO:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organized in order to change its registered office or registered.	d under the laws of the Stat	te of Florida
The name of the corporation: Brentwood Club Ho The principal office address: 1600 W. Colonial Drive		ation of Longwood, Inc
3. The mailing address (if different):		
4. Date of incorporation/qualification: 3/26/04	Document number:	N04000003327
5. The name and street address of the current registered ager Florida Department of State: (If resigned, enter resigned)	nt and registered office on t	file with the
Jack Hanson		
1600 W. Colonial Drive		
Orlando, FL 32804		
6. The name and street address of the new registered agent ((if changed):	if changed) and /or register	red office
Kevin M. Davis		SEF SEF LLA
1750 W. Broadway Street, Suite 2	220	HASS
P.O. Box NOT as	cceptable	H H
Oviedo, FL 32765 The street address of its registered office and the street ad as changed will be identical.	dress of the business offic	FEST ?
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified.	by its board of directors of fied in writing of the chan	r by an officer so
Signature of an officer or director	William Place	ENT HOAPPS.
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	agree to act in this capac es relative to the proper a ation of my position as re registered office address,	ity nd complete performance gistered agent. Or, if this I hereby confirm that the
Secure -	8/28/09	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Typed or Printed Name		

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