

NO4000008067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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T. Roberts NOV 19 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREYSTONE MANAGEMENT

NOV 13 2008

RECEIVED

November 7, 2008

JANICE C. ARMSTRONG
GREYSTONE MANAGEMENT COMPANY, INC.
1936 LEE ROAD STE 250
WINTER PARK, FL 32789

SUBJECT: TUDOR GROVE AT TIMBER SPRINGS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: N04000008067

We have received your document for TUDOR GROVE AT TIMBER SPRINGS HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 008A00056580

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~~CONFIDENTIAL~~

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tudor Grove at Timber Springs Homeowners' Association, Inc.
(Name of corporation)

DOCUMENT NUMBER: NO4000008067

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:

Janice C. Armstrong
(Name of person)

Greystone Management Company, Inc.
(Name of firm/company)

1936 Lee Road suite 250
(Address)

Winter Park, FL 32789
(City/state and zip code)

For further information concerning this matter, please call:

Janice C. Armstrong
(Name of person)

at (407) 645-4945
(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: Tudor Grove at Timber Springs Homeowners' Association, Inc.
2. The principal office address: 8009 S. Orange Avenue
Orlando, FL 32809-6711
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/17/04 Document number: N04000008067

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

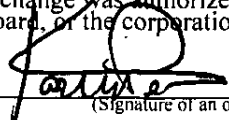
Kevin Davis
1750 W. Broadway Street, Ste. 220
Orlando, FL 32765

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

Janice C. Armstrong
1936 Lee Road, suite 250
(P.O. Box or personal mailbox NOT acceptable)
Winter Park, FL 32789

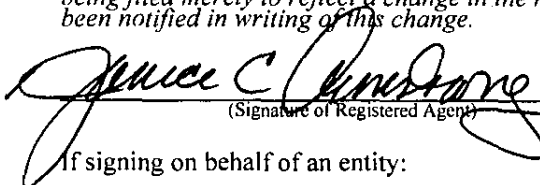
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

X  12/01/08
(Signature of an officer or director)

KARL PEARSON
(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 of Registered Agent)

11-13-08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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

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08 NOV 19 PM 3:52
TALLAHASSEE, FLORIDA