N0500000/4/0

(Requ	iestor's Name)	
(Addr	ess)	
(Address)		
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200139160832

01/28/09--01003--017 **35.00



RAChange Newig 1.28,09

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CHARTRES GARDENS HOM (Name of Cor	Poration)
DOCUMENT NUMBER: N05000001410	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Philip (Name of Cont.	Doyle
(Number Cont.)	1 (1301)
Proper-T-Mar	nagement Inc.
(Firm/Con	npany)
2909 Gra (Addre	
· (Addie	55)
Vissimme	- El 24741
(City/State and	e, Fl 34741 Zip Code)
For further information concerning this matter, please ca	11:
Philip doyle (Name of Contact Person)	at (321) 276-2109 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	nent of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2008

PHILIP DOYLE PROPER-T-MANAGEMENT INC. 2909 GRAFTON DRIVE KISSIMMEE, FL 34741

SUBJECT: CHARTRES GARDENS HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N05000001410

We have received your document for CHARTRES GARDENS HOMEOWNERS' ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 308A00062086

RECEIVED SOOD LAND STATE SECRETARY OF STATE TALL STATE STATE

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: Chartres Gardens Homeowners Association, Inc. 2. The principal office address: 2909 Gyaffon Driva. KTSSIMMEC, F/ 3474/
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/10/2005 Document number: N05000001410
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)
RESIGNED
Association Management group of Central Florida Inc
101 Park Place Blvd, Suite 2, Kissimmee, FL 34741
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Proper-T-Management Inc.
2909 Grafton Drive (P.O. Box NOT acceptable)
The second secon
Kissimmee, Florida 34741
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.
(Symmetric of an officer or director) Betty Settien - Response (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.
12/01/2008
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Philip Doyle (Typed or Printed Name)

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