## N05000002209

| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| , , , , ,                               |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Dissings Entity Name)                  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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## **COVER LETTER**

| TO:   | Amendme<br>Division o  | nt Section<br>f Corporations   |                               |   |   |  |  |
|---|--|--|-------------------------------|---|---|--|--|
| SUBJ  | ECT: P   | RESTON SQU   | ARE HOMEO  Name of Corpo      |   | N INC                                     |  |  |
| DOC   | JMENT NU   | MBER:  | N05000                        | 002209  |   |  |  |
| The er                                      | closed State   | ment of Change of Re   | gistered Office/Ag            | ent and fee are subr  | nitted for filing.                        |  |  |
| Please                                      | return all co  | rrespondence concern   | ing this matter to t          | he following:   |   |  |  |
|   |  |  | PAULA E BU<br>Name of Contact |   |   |  |  |
| PREMIER COMMUNITY MANAGERS INC Firm/Company |  |  |                               |   |   |  |  |
|   |  |  | r min Comp.                   | ,   |   |  |  |
|   | 5151 ADANSON ST SUITE 103  |  |                               |   |   |  |  |
|   |  |  | Address                       |   |   |  |  |
| ORLANDO, FL 32804 City/State and Zip Code   |  |  |                               |   |   |  |  |
|   | paula@premiercommunitymgrs.com  E-mail address: (to be used for future annual report notification) |  |                               |   |   |  |  |
| For fu                                      | rther informa  | ntion concerning this r  | natter, please call:          |   |   |  |  |
|   | Р  | AULA E BUTLER  | at                            | ( 407 )   | 696-5700 EXT 202                          |  |  |
|   | Nar  | ne of Contact Person   |                               | Area Code & Day   | time Telephone Number                     |  |  |
| Enclos                                      | ed is a \$35.0   | 00 check made payable  | e to the Departmen            | t of State.   |   |  |  |
|   |  | Mailing Addres Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI | rporations                    | Street Address Amendment Division of Clifton Build 2661 Execut Tallahassee, | Corporations<br>ling<br>ive Center Circle |  |  |

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

| statement of ch                      | ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of FLORIDA der to change its registered office or registered agent, or both, in the State of Florida.  |               |
|--------------------------------------|---|---------------|
|                                      | of the corporation: PRESTON SQUARE HOMEOWNERS ASSOCIATION   | ₹N/7          |
|                                      | al office address: %PREMIER COMMUNITY MANAGERS, INC   | <u>44</u> 16, |
|                                      | ANSON ST SUITE 103, ORLANDO, FL 32804   | —             |
|                                      |   | <del></del>   |
| 5. The maining                       | g address (if different):   | <del></del>   |
| 4. Date of incor                     | prporation/qualification: 3-3-05 Document number: N0500002209   | _             |
| 5. The name and Florida Depa         | nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)   |               |
|                                      | BRETT M JORDAN  |               |
|                                      | 882 JACKSON AVE   |               |
|                                      | WINTER PARK, FL 32789   |               |
| 6. The name and (if changed):        | nd street address of the new registered agent (if changed) and /or registered office  |               |
|                                      | GARY HOUSE %PREMIER COMMUNITY MANAGERS INC  |               |
|                                      | 5151 ADANSON ST SUITE 103   |               |
|                                      | P.O. Box NOT acceptable  ORLANDO, FL 32804  | •             |
| The street addre                     | ress of its registered office and the street address of the business office of its registered agent,  |               |
| as changed will                      | Ill be identical.   |               |
| Such change was<br>authorized by the | was authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.  |               |
| 1-01                                 | Randy Felser / reasurer  The printed or typed name and title  |               |
| Dan                                  | of the appointment as registered agent and agree to act in this capacity, et to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change. |               |
| _                                    | pehalf of an entity:  |               |
| viginiig on oc                       | committee an only.  |               |
| 1                                    | Typed or Printed Name   |               |

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

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