Division of Corporations Electronic Filing Cover Sheet

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(((H110002615763)))



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To:

Division of Corporations

Fax Number : (850)617-5380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850).878~5368

Enter the email address for this business entity to be used for ##Eure annual report mailings. Enter only one email address please.

Email	Address:					
				_	 	

REGISTERED AGENT CHANGE OLLEGE CHASE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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11/1/2011

COVER LETTER

TO:	Amendmer Division at	n Section Corporations					
SUBJI	ECT:	COLLEGE CHASE HOMEOW	'NERS ASSO	OCIATION, INC.			
		. Name o.	f Corporatio	ın .			
DOCU	JMENT NU	MBER:	N050000057	74			
The en	iclosed State	ment of Change of Registered Of	Tice/Agent a	uid fee are subn	aitted for filing.		
Please	return all con	rrespondence concerning this mu	iter to the fo	ollowing:			
		Timoth	ny Crawford				
	•	Name of t	Contact Per	son			
		RealM	lanage, LLC				
		Firm	/Соптрину		Marie and the second se		
	16200 Addison Road						
		**************************************	ddress	4 T habiy <u>an ay alakana</u> y <u>ayy ^a an </u>			
		Addisor	n TX, 7500	l			
		City/State	and Zip Co	ode			
		timothy.crawfor	d@realmana	ge.com			
		E-mail address: (to be used fo	r future an	nual report no	tification)		
For fur	rther informa	tion concerning this matter, pleas	se call:				
		Timothy Crawford	ot f	972	380-3522 time Telephone Number		
	Nan	ie of Contact Person		rea Code & Day	time Telephone Number		
Enclos	sed is a \$35.0	0 check made payablo to the Dep	partment of :	State.			
		Mailing Address: Amendment Section		Street Addres	Section		
		Division of Corporations P.O. Box 6327		Division of C Clifton Build			
		Tallahassee, FL 32314			ive Center Circle		

CR2E045 (8/05)

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

1. The name of	the corporation: COLLEG.	E CHASE HOME	OWNERS ASSOCIATION, I	NC.				
2. The principal	office address; 3527 PAL	M HARBOR BLV	D., PALM HARBOR, FL 34	683 US				
4. Date of incor	poration/qualification:		Document number:	N05000005774				
	d street address of the curr rtment of State: (If resigna		ent and registered office on f	ile with the				
	MELROSE-SOVEREIGH	١						
	3527 PALM HARBOR B	LVD.		_ ~				
	PALM HARBOR FL 346	911 09		ZOLI NOV				
6. The name and (if changed):	I street address of the new registered agent (it changed) and for registered office							
	C T Corporation System			E. T.				
	e/o C T Corporation Syste			PH 2: 24 OF STATE EE, FLORID				
		P.O. Box NOT	иссериййе	夏 尹 字				
	Plantation, Florida 33324							
The street address changed will	ess of its registered office I be identical.	and the street a	ddress of the business offic	e of its registered agent,				
Such change wanthorized by t	as authorized by resoluti he board, or the corporat	on duly adopted for flas been not	by its board of directors or fied in writing of the chang	by an afficer so ge.				
			Michael Jones, V					
	ne of an officer of angelor	etared agent and	Printed or typed nan					
I hereby accept I further agree of my duties, at document is be corporation ha	to comply with the provi nd I am familiar with and ing tiled merely to reflect s been notified in writing	sions of all statum l accept the oblig t a change in the of this change.	agree to act in this capacites relative to the proper an action of my position as reg registered office address, I	d complete performance istered agent. Or, if this hereby confirm that the				
Ву: СТ	Control arion System		F1/1/20	011				
	maiure of Registered Agent		Date					
(ehalf of an entity:		,					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)