

NO600000 55 71

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S. TALLENT

JUN 09 2017

R/A-CH

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17 JUN -9 PM 4:15  
CLERK'S OFFICE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2017

KEVIN DAVIS  
COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W CR 419, SUITE 1030  
OVIDO, FL 32766

SUBJECT: OVIDO FOREST MASTER HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N06000005571

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 417A00009355

RECEIVED  
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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oviedo Forest Master HOA, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000005571

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:

**Kevin Davis**

Name of Contact Person

**Community Management Specialists, Inc.**

Firm/Company

**1942 W CR 419, Suite 1030**

Address

**Oviedo, FL 32766**

City/State and Zip Code

**Kevin@CMSORLANDO.com**

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

**Kevin Davis**

Name of Contact Person

at **407** 359-7202 ext. 101

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Oviedo Forest Master Homeowners' Association, Inc.  
2. The principal office address: C/o Community Management Specialists, Inc.  
1942 W CR 419, Suite 1030, Oviedo, FL 32766  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/23/2006 Document number: N06000005571

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)

Towers Property Management, Inc.

1320 N Semoran Blvd., Suite 100

Orlando, FL 32807

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

Community Management Specialists, Inc. /

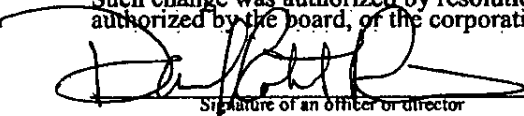
1942 W CR 419, Suite 1030

P.O. Box NOT acceptable

Oviedo, FL 32766

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.

  
Signature of an officer or director

Dan Russo (President)

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

5/11/17  
Date

If signing on behalf of an entity:

Kevin Davis (Registered Agent)

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)