N06000011024

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SECRESARY OF STATE
TALLAHASSEE, FLORIDA

DP 13

COVER LETTER

TO:

Amendment Section Division of Corporations

Crescent View Homeowners Association, Inc.

Name of Corporation

N06000011024

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:

Denise Abercrombie

Name of Contact Person

Highland Community Management

Firm/Company

3020 S. Florida Ave., Suite 101

Lakeland, FL 33803

City/State and Zip Code

info@hcmanagement.org

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

For further information concerning this matter, please call:

Denise Abercrombie

3 619-7103 ext 297
Code & Daytime Telephone Number

Name of Contact Person

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

statement of change is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this rporation organized under the laws of the State of Florida office or registered agent, or both, in the State of Florida.
	ent View Homeowners Association, Inc.
	S. Florida Ave., Suite 101
• •	and, FL 33803
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10	0-23-2006 Document number: N06000011024
5. The name and street address of the curr Florida Department of State: (If resigne	rent registered agent and registered office on file with the ed, enter resigned)
Creative Associat	ion Services
Creative Association Services 346 E. Central Ave.	
Winter Haven, FL	
6. The name and street address of the new (if changed):	v registered agent (if changed) and /or registered office 10:
Highland Commu	nity Management
3020 S. Florida A	ve., Suite 101
Lakeland El 229	P.O. Box NOT acceptable
Lakeland, FL 338	
The street address of its registered office as changed will be identical.	e and the street address of the business office of its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.
	D. Joel Adams, President
I further agree to comply with the provis performance of my duties, and I am fam	Printed or typed name and title stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete iliar with and accept the obligation of my position as registered d merely to reflect a change in the registered office address, I been notified in writing of this change.
Venual abercion be Signature of Registered Agent	9/30/13 Date
If signing on behalf of an entity:	
Highland Community Typed or Printed Name	Management, manager
х х	* 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)