

N06000011660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

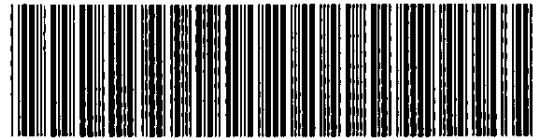
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400184023354

08/09/10--01053--014 \*\*35.00

FILED  
10 AUG -9 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RACIN 8/2/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Calabria@Westside Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** NO6000011660

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:

Patti Stevens  
Name of Contact Person

Community Management Professionals, Inc.  
Firm/Company

5401 S. Kirkman Rd #450  
Address

Orlando, FL 32819  
City/State and Zip Code

Pstevens@Community-Mgmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Stevens at 407, 903-9969  
Name of Contact Person 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: Calabria at Westside Homeowners Association, Inc.  
2. The principal office address: 5401 S. Kirkman Rd. #450  
Orlando, FL 32819  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/06/2006 Document number: N06000011660

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)

Sutherland, Theresa D  
107 N. Line Dr.  
Apopka, FL 32703

FILED  
10 AUG -9 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Community Management Professionals, Inc.  
5401 S. Kirkman Rd. #450  
Orlando, FL 32819

P.O. Box NOT acceptable

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.

X [Signature]  
Signature of an officer or director

ANAS IQBAL - 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.

X [Signature]  
Signature of Registered Agent

7/12/10  
Date

If signing on behalf of an entity:

Ron Duprey  
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