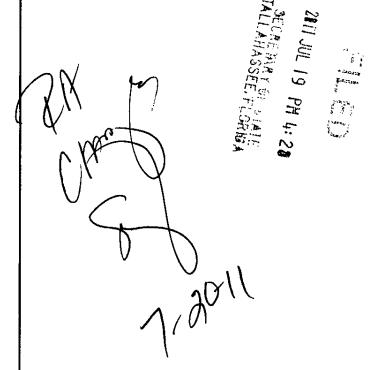
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





07/19/11--01027--007 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: St. Topez Homeowners Association, Inc.  Name of Corporation
DOCUMENT NUMBER: N32257
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:
KLVIN DAVIS Name of Contact Person
Name of Contact Person
Community Management Specialists Firm/Company
1750 W. Broadway Suite 122
OVIEdo, FL 32765 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Varia Davis Una 269-7200
Name of Contact Person at (407) 359-7202  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

statement of change is submitted for a corporation organized under the laws of the State of Florida V
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ST. Tropes Homeowners Association, Inc
2. The principal office address: 1750 W. Bradway Suite 222
Oviedo, FL 32705
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/1/1989 Document number: N32257
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)
Karen Wonsefler PA
860 N. Orange Avenue, Suite 135 Orlando 12 32801
Orlando R 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Community Management Specialists, luce = 1750 West Broadway Street Saite 220 =
1750 West Broadway Stock Saire 222 =
Community Management Specialists, lucie 2  [750 West Broadway Stock Saite 222 5  P.O. BOX NOT acceptable  Oviedo FLORIDA 32765
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    County   County
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.
Cau 6/30/2011
Signature of Registered Agent U Date
If signing on behalf of an entity:
Typed or Printed Name
N

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

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