137200

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Balmoral Homeowners Association		
Name of Corporation DOCUMENT NUMBER: N37266		
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:		
·		
Suzan Kearns		
Name of Contact Person		
Community Mgmt. Professionals		
Firm/Company		
4700 Millenia Blvd. Suite 515		
Address		
Orlando, Florida 32839		
City/State and Zip Code		
'skearns@community-mgmt.com		
E-mail address: (to be used for future annual report notification)		
2		
For further information concerning this matter, please call:		
ror further information concerning this matter, please can.		
Name of Contact Person at () Area Code & Daytime Telephone Number		
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 Street Address: Amendment Section		
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		
Tallahassee, FL 32301		

CR2E045 (03/12)

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
 The name of th The principal o 	e corporation: Balmoral Homeowners Association office address: 9013 Balmoral Mews Square, Windermere, Fl 34786
3. The mailing ad	dress (if different): same as above
4. Date of incorpo	pration/qualification: 3/26/1990 Document number: N37266
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
<u> </u>	Shif, Gary
9	9111 Balmoral Mews Square
	Windermere, FI 34786
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
(Community Mgmt. Professionals
-	4700 Millenia Blvd. Suite 515
<u>(</u>	P.O Box NOT acceptable Orlando, FI 32839
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
1 /	of an officer or director Joseph F. Myers Printed or typed name and title
I hereby accept the I further agree to performance of magent. Or, if this hereby confirm the	he appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete sy duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I nat the corporation has been notified in writing of this change.
Signa	auwature of Registered Agent 7/13/2012 Date
If signing on beha	/ '
Type	ed or Printed Name

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