## N41980

## 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 110356-C (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



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03/15/07--01006--007 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORID

APPROVE

R.A. Change

G. Gouttlette MAR 1 9 2007

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes nge is submitted for a corporation organized under the laws of the State of FLOF r to change its registered office or registered agent, or both, in the State of Florida.	RIDA	
1. The name of t	he corporation: Chelsea Ridge Homeowners Association, Inc.		_
	office address: 2180 W SR 434 STE 5000		
	LONGWOOD FL 32779-5044		
3. The mailing a	ddress (if different):		<del></del>
4. Date of incorp	poration/qualification: 02/04/1991 Document number: N41980		
	street address of the current registered agent and registered office on file with the tment of State:		
	Asher, Steven D		
	1801 Cook Ave		
	Orlando, FL 32806	,	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		10. D.L	
	JAMES W HART JR		
	2180 W SR 434 STE 5000		
	(P.O. Box NOT acceptable)	1	
	LONGWOOD FL 32779-5044		
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	tered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	r so	
(Signati	tre of an diffeer or director)  LAURA (Printed or typed hame and title)	PRESIDENT	-
I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered agenge filed merely to reflect a change in the registered office address, I hereby conjude been notified in writing of this change.	it. Or. if this	
(Si	mature of Registered Agent) (Date)	SECR TALLA	
If signing on be	half of an entity:	AR I	
JAMES W HART JR		SEE RY C	EA
	yped or Printed Name)	## 8: 0F ST	<u></u>
	* * * FILING FEE: \$35.00 * * *	22至 —	
М	Make checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	T.>	

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