N9200000854

House Of Management Enterprises for Community Associations, Inc.

(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
fied Copies	_ Certificates	of Status
ecial Instructions to	Filing Officer:	





400108520814

08/30/07--01008--004 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION

7007 AUG 30 PM 2: 38

ls 9/5/07

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, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, IN office address: 5205 S. Orange Avenue, Suite 206, Orlando, FL 32809	 1C:
3. The mailing a	address (if different): Same as above.	<u>-</u>
4. Date of incorp	poration/qualification: 12/18/1992 Document number: N9200000854	_
	d street address of the current registered agent and registered office on file with the rtment of State:	
	DON ASHER & ASSOCIATES, INC.	
	1801 COOK AVENUE	
	ORLANDO, FL 32806	2
6. The name and (if changed):	<u>w</u>	DIVISION OF
		· ` `
	Associations, Inc. (P.O. Box NOT acceptable)	,
	5205 S. Orange Avenue, Suite 206, Orlando, FL 32809	ő
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Caroli	Pelonshi Carolyn Polonski, President (Printed or typed name and title)	
I further agree of my duties, ar document is bei	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
(Si	ignature of Registered Agent) (Date)	
If signing on be	ehalf of an entity:	
(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

CR2E045 (8/05)

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