

N92000000 854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

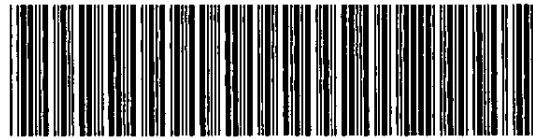
(Business Entity Name)

(Document Number)

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S. TALLENT

APR 11 2017

R/Aect

FILED
17 MAR 16 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2017

KEVIN DAVIS
COMMUNITY MANAGEMENT SPECIALISTS
1942 W. CR 419, SUITE 1030
OVIEDO, FL 32766

SUBJECT: WATERFORD LAKES TRACT N-24 NEIGHBORHOOD
ASSOCIATION, INC.
Ref. Number: N92000000854

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

PLEASE INDICATE THE DATE FOR THE SIGNATURE OF THE REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 417A00005393

RECEIVED
17 APR -7 PM 2:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Waterford Lakes Tract N-24 Neighborhood Association, Inc. (Waterford Cove)
Name of Corporation

DOCUMENT NUMBER: N92000000854

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:

Kevin Davis

Name of Contact Person

Community Management Specialists

Firm/Company

1942 W. CR 419, Suite 1030

Address

Oviedo, FL 32766

City/State and Zip Code

kevin@cmsorlando.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Kevin Davis

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**

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: Waterford Lakes Tract N-24 Neighborhood Association, Inc.
2. The principal office address: c/o Community Management Specialists
1942 W. CR 419, Suite 1030, Oviedo, FL 32766
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/1/2017 12/18/1992 Document number: N92000000854

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)

Armstrong, Janice
1001 North Lake Destiny Road, Suite 125
Maitland, FL 32751

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

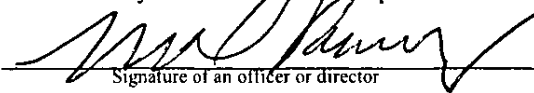
Community Management Specialists, Inc. ✓
1942 W. CR 419, Suite 1030

P.O. Box NOT acceptable

Oviedo, FL 32766

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, of the corporation has been notified in writing of the change.


Signature of an officer or director

Michael D Ramsey (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. Of, 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.


Signature of Registered Agent

01-04-17
Date

If signing on behalf of an entity:

KEVIN DAVIS, LCAM
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

FILED
17 MAR 16 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA