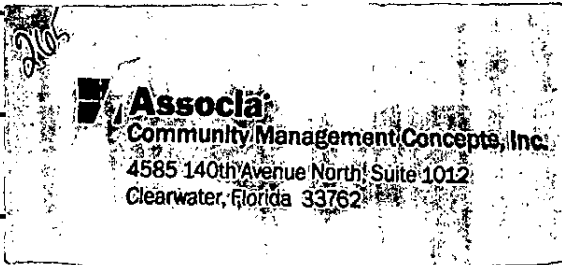


N93000005335



(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

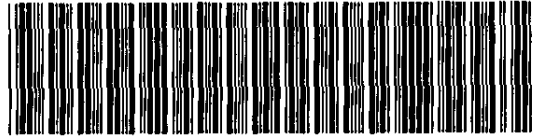
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
12 JUL -9 AM 8:58

R/A/R0/ch8
@ 7/11/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Villas at Forestbrook Condominium Assoc., Inc.
Name of Corporation

DOCUMENT NUMBER: N93000005335

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:

Kirk Bliss

Name of Contact Person

Community Management Concepts, Inc.

Firm/Company

4585 140th Ave. North, Ste 1012

Address

Clearwater, Florida 33762

City/State and Zip Code

cmcfla.com

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

For further information concerning this matter, please call:

Kirk Bliss

Name of Contact Person

at (**727**) **535-2424**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2012

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762

SUBJECT: THE VILLAS AT FORESTBROOK CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N93000005335

We have received your document for THE VILLAS AT FORESTBROOK CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 912A00016915



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2012

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762

SUBJECT: THE VILLAS AT FORESTBROOK CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N93000005335

We have received your document for THE VILLAS AT FORESTBROOK CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 312A00016138

**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: The Villas at Forestbrook Condominium Assoc., Inc.
2. The principal office address: c/o Community Management Concepts, Inc.
4585 140th Ave. North, Ste. 1012, Clearwater, Florida 33762
3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 1, 2012 Document number: N93000005335

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)

Resigned

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

Community Management Concepts, Inc.

4585 140th Ave. North, Ste. 1012

P.O. Box NOT acceptable

Clearwater, Florida 33762

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.

Barbara Dornal

Signature of an officer or director

7-2-2012

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. 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.

Kirk Bliss

Signature of Registered Agent

6-28-2012

Date

If signing on behalf of an entity:

KIRK BLISS

Typed or Printed Name

RECEIVED
JUL 05 2012

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

BY:

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

CR2E045 (03/12)