N940CC002092

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning on Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

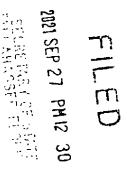
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PRESTON COVE SUBDIVISION HOM	EOWNER'S ASSOCIATION, INC.
Name of Corporation	
DOCUMENT NUMBER: N94000002092	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Jan McClanahan	
Name of Contact Person	
Southwest Property Management of Central FL Inc.	
Firm/Company	
13350 W Colonial Drive STE 330	
Address	
Winter Garden, FL 34787	
City/State and Zip Code	
jan@swpmcfl.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	ease call:
Jan McClanahan	at (407)656-1081
Name of Contact Person	at (407)656-1081 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	epartment of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

		2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of _FLORIDA	~ -
		red agent, or both, in the State of Florida.	
1. The name of the corpor	ation: PRESTON COVE SUBD	IVISION HOMEOWNER'S ASSOCIATION, INC.	
2. The principal office add	tress: C/O SOUTHWEST PROPE	ERTY MANAGEMENT OF CENTRAL FL, INC.	
13350 W COLONIAL DRI	IVE STE 330 WINTER GARDEI	N, FL 34787	
3. The mailing address (if	different): P. O. BOX 783367	WINTER GARDEN, FL 34778 Document number: N94000002092	
4. Date of incorporation/q	ualification: 04/27/1994	Document number: N94000002092	
5. The name and street ad Florida Department of	dress of the current registered ag State: (If resigned, enter resigned	ent and registered office on file with the	
RESIGN	ED		
· •		t (if changed) and /or registered office S	,
6. The name and street ad (if changed):		t (if changed) and /or registered office STA	
C/O SOU	THWEST PROPERTY MANAG	EMENT OF CENTRAL FL, INC.	3
13350 W	COLONIAL DRIVE STE 330		<u>ب</u>
	P.O. Box	NOT acceptable	
WINTER	GARDEN, FL 34787		
as changed will be identi	cal.	address of the business office of its registered age	:nt,
Such change was authorized by the board,	zed by resolution duly adopted or the corporation has been noti	by its board of directors or by an officer so ified in writing of the change.	
Signature of an office	er or director	DEFFREY C. BRIWN	<u></u>
I hereby accept the appo I further agree to comply of my duties, and I am fa document is being lifed a corporation has been not	intment as registered agent and with the provisions of all statu miliar with and accept the oblig terely to reflect a change in the uligatin writing of this change.	l agree to act in this capacity. les relative to the proper and complete performa gation of my position as registered agent. Or, if t registered office address, I hereby confirm that	nce this the
		C. (16/51	
Signature of Re	ristered Agent	Date	_
If signing on behalf of an	1. Risky		

* * * 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 (04/13)