

N94000002765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

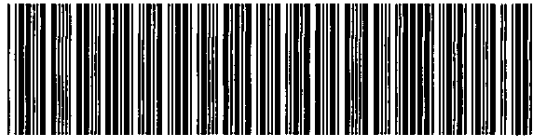
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TALLAHASSEE, FLORIDA

R. A. Chorge

G. Douthett JUN 03 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CYPRESS LANDING
(Name of Corporation)

DOCUMENT NUMBER: N94000002765

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, INC.
(Firm/Company)

1750 W. BROADWAY STREET, STE 220
(Address)

OVIEDO, FL 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN DAVIS at (407) 359 7202
(Name of Contact Person) (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

May 9, 2008

KEVIN DAVIS
COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 W. BROADWAY ST., STE 220
OVIEDO, FL 32765

SUBJECT: CYPRESS LANDING OF ORANGE COUNTY HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: N94000002765

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

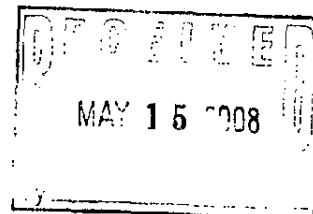
You failed to send a document with your cover sheet and money.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 208A00029770



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN -3 AM 8:00

**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: Cypress Landing of Orange County Homeowners' Association, Inc.
2. The principal office address: 1750 West Broadway Street, Suite 220
Oviedo, Florida 32765
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/01/1994 Document number: N94000002765
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Community Management Professionals, Inc.

5401 S. Kirkman Road, Suite 450

Orlando, FL 32819

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

Community Management Specialists, Inc. / Kevin M. Davis

1750 West Broadway Street, Suite 220

(P.O. Box NOT acceptable)

Oviedo, Florida 32765

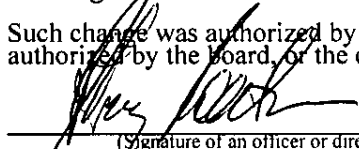
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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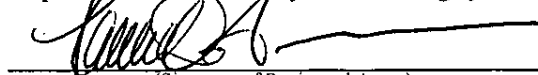
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

KEVIN M. DAVIS
(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.


(Signature of Registered Agent)

05/29/2008

(Date)

If signing on behalf 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)