19400004053

(Requestor's Name)		
(Address)	600211772296	
(Address)	000211712200	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	09/06/1101028022 **35.00	
(Document Number)		
Certified Copies Certificates of Status	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Special Instructions to Filing Officer:	TOTE THE SEP-6	
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Office Use Only

COVER LETTER

TO:	Amendm Division	ent Section of Corporations				
SUBJ	ECT:	WESTCHEST	ER HOA OF L	AKE COUNTY, I	NC.	
DOC	UMENT N	UMBER:	N940	00004053		
The er	nclosed Star	tement of Change of	Registered Office/	Agent and fee are submi	itted for filing.	
Please	return all o	correspondence conc	erning this matter to	o the following:		
			VATUV	(OUN		
	KATHY KOHN Name of Contact Person					
	EMANAGEMENT OF CFL CO.					
	Firm/Company					
	P.O. BOX 560190 Address					
			Adure	SS		
			MONTVEDDE	EL 24756		
	MONTVERDE, FL 34756 City/State and Zip Code					
				· 		
	EMANAGEMENTCO@HOTMAIL.COM E-mail address: (to be used for future annual report notification)					
		E-mail address: (to be used for fut	ure annuai report noti	neation)	
For fu	rther inforn	nation concerning thi	is matter, please cal	11:		
		KATHY KOHN		at (407)	877-5928	
· · · · · · · · · · · · · · · · · · ·	Na	ame of Contact Perso	on	Area Code & Dayti	877-5928 me Telephone Number	
Enclos	sed is a \$35	.00 check made paya	able to the Departm	ent of State.		
		Mailing Add Amendment	ress: Section	Street Address Amendment So	i ection	
			Corporations	Division of Co		
		P.O. Box 63	27	Clifton Buildin	ng	
		Tallahassee,	FL 32314	2661 Executiv Tallahassee, F	re Center Circle L 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.
Humeowner Association
1. The name of the corporation: WESTCHESTER \(\sum \)
2. The principal office address: 17301 PAGONIA RD SUITE 300
CLERMONT, FL 34711
3. The mailing address (if different): P.O. BOX 560190
MONTVERDE, FL 34756
4. Date of incorporation/qualification: 08151994 Document number: N9400004053
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)
PROPERTY FIRST INC
221 WALTON HEATH DRIVE
ORLANDO, FL 32828
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
EMANAGEMENT OF CFL CO.
17301 PAGONIA RD SUITE 300
P.O. Box NOT acceptable
CLERMONT, FL 34711
The street address of its registered office and the street address of the business office of its registered gent, 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.
CHARLES BROOKS Signature of an officer or director CHARLES BROOKS 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 September 1, 2011 Date
Signature of Registered Agent Date If signing on behalf of an entity:
KATHY KOHN
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)