

N94000005673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

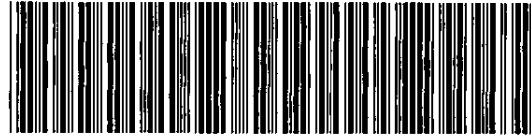
(Business Entity Name)

(Document Number)

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15 JAN 26 PM 2:25

JAN 27 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor Isle Subdivision Homeowner's Assoc. Inc.
Name of Corporation

DOCUMENT NUMBER: N94000005673

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:

Cathy Kling

Name of Contact Person

Associa/Community Mgmt. Professionals

Firm/Company

4700 Millenia Blvd. Suite 515

Address

Orlando, FL 32839

City/State and Zip Code

info@community-mgmt.com

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

For further information concerning this matter, please call:

Cathy Kling

Name of Contact Person

at (407) 455-5913

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

RECEIVED
JAN 10 2015

BY:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2014

CATHY KLING
ASSOCIA/COMMUNITY MGMT. PROFESSIONALS
4700 MILLENIA BLVD. SUITE 515
ORLANDO, FL 32839 US

SUBJECT: HARBOR ISLE SUBDIVISION HOMEOWNER'S ASSOCIATION,
INC.

Ref. Number: N94000005673

We have received your document for HARBOR ISLE SUBDIVISION HOMEOWNER'S 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):

The registered agent must sign accepting the designation.

An officer/director must sign the document.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 114A00027319

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FACED
SIOH
11/26/2014

RECEIVED
JAN 05 2015

BY:

**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: Harbor Isle Subdivision Homeowner's Association, Inc.

2. The principal office address: 4700 Millenia Blvd. Suite 515
Orlando, FL 32839

3. The mailing address (if different): same

4. Date of incorporation/qualification: 11/16/1994 Document number: N94000005673

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)

Community Management Specialist, Inc

1942 W. County Road 419, Suite 1030

Oviedo, FL 32766

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

Associa/Community Mgmt. Professionals

4700 Millenia Blvd. Suite 515

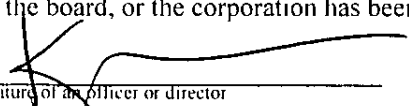
P O Box NOT acceptable

Orlando, FL 32839

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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.

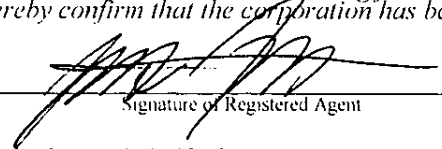


Signature of an officer or director

Kristi Keoughan

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

11-25-2014

Date

If signing on behalf of an entity:

James Asterbury

Typed or Printed Name

RECEIVED
JAN 26 2015

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