

Division of Corporations

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N9500004348

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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REGISTERED AGENT CHANGE
EMERALD FOREST ORANGE COUNTY HOMEOWNERS
ASSOCIATION,

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

10/1/13

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMERALD FOREST ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N95000004348

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:

Timothy Crawford

Name of Contact Person

RealManage, LLC

Firm/Company

P.O. Box 803555 Suite 150

Address

Dallas TX, 75380

City/State and Zip Code

registered.agent@realmanage.com

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

For further information concerning this matter, please call:

Timothy Crawford

at 972 380-3522

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

CR2ED45 (03/12)

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: EMERALD FOREST ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 4700 MILLENIA BLVD. STE. 515 ORLANDO, FL 32839

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/08/1995 Document number: N95000004348

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 PROFESSIONALS, INC.

4700 MILLENIA BLVD SUITE 515

ORLANDO, FL 32839

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Michael Jones, Vice President

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.

By: 
Signature of Registered Agent

9/30/2013

Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary

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 (03/12)