

N95000005988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

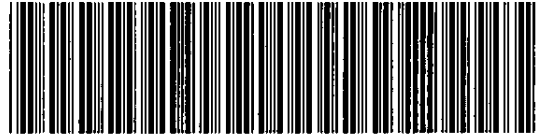
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Charge

C. COULLETTE

FEB 19 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sand Lake Cove Homeowners Asso. Inc.
Name of Corporation

DOCUMENT NUMBER: N95000005988

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:

Patti Stevens
Name of Contact Person

Community Management Professionals, Inc.
Firm/Company

5401 S. Kirkman Rd., Ste 450
Address

Orlando, FL 32819
City/State and Zip Code

Pstevens@community-mgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Stevens at (407) 903-9969
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

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: Sand Lake Cove Homeowners Assoc. Inc.

2. The principal office address: 5401 S. Kirkman Rd., Ste. 450
Orlando, Fl. 32819

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/20/95 Document number: N95000005988

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)
Premier Community Managers, Inc.
5151 Adanson St., Ste 103
Orlando, Fl. 32804

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Community Management Professionals, Inc.
5401 S. Kirkman Rd, Ste. 450
P.O. Box NOT acceptable
Orlando, Fl. 32819

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.

* Carma R. Kuhn
Signature of an officer or director

Carma R. Kuhn, president
Printed or typed name and title SLC HDA BOD

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]
Signature of Registered Agent

Date 2/11/10

If signing on behalf of an entity:
Bon Duprey
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 323

FILED
10 FEB 18 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA