

FILED
Mar 15, 2006 8:00 am
Secretary of State

DOCUMENT # N96000001214

Mailing Address
BOYLE MANAAGEMENT SERVICES
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS, FL 32701

3. Mailing Address
House of Mgmt for Comm Assocs, Inc.
Suite, Apt. #, etc.
5205 S. Orange Ave Ste D

City & State
Orlando, Florida

Country
USA

Zip
32809

Country
USA

01052006 Chg-NP CR2E037 (11/05)

4. FBI Number
59-3379420

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOYLE, JAMES W
498 PALM SPRINGS DR.
#235
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name: House of Management for Community Associations, Inc.

Street Address (P.O. Box Number is Not Acceptable)
5205 S. Orange Ave. Ste D

City
Orlando

FL	Zip Code 32809
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, CHARLENE	
STREET ADDRESS	13612 LAKEWAY	
CITY - ST - ZIP	ORLANDO, FL 32828	


TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	BARTOSAVAGE, BLAINE	
STREET ADDRESS	13549 IVY BROOKE LN.	
CITY - ST - ZIP	ORLANDO, FL 32828	

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bartosavage, Blaine		
STREET ADDRESS	13459 Ivy Brooke Lane		
CITY-ST-ZIP	Chickadee, PA 19024		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLAY, ALVAREZ	
STREET ADDRESS	757 WATER LAND CT	
CITY - ST - ZIP	ORLANDO, FL 32828	

TITLE	Orlando, FL 32828	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D		
STREET ADDRESS	Clay, Alvarez		
CITY-ST-ZIP	757 Water Land Court Orlando, FL 32828		

TITLE	DP	 Delete
NAME	MASSEY, BILL	
STREET ADDRESS	603 FOREST GREEN CT.	
CITY - ST - ZIP	ORLANDO, FL 32828	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	BEHAM, MARY	
STREET ADDRESS	727 WATERLAND CT	
CITY-ST-ZIP	ORLANDO, FL 32828	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Carolyn Skok		
STREET ADDRESS	620 Forest Green Court		
CITY-ST-ZIP	Orlando, FL 32828		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____