

199000004650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

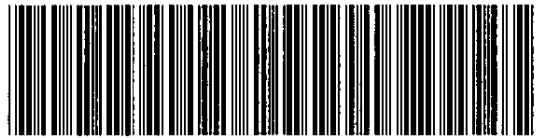
(Document Number)

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to chy

FILED
09 SEP -9 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SEP 03 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2009

SPENCER SOLOMON
SOUTHWEST PROPERTY MANAGEMENT
PO BOX 783367
WINTER GARDEN, FL 34778

SUBJECT: CAMBRIDGE CROSSING PHASE 1, PHASE 1A AND PHASE 2
PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N99000004650

We have received your document for CAMBRIDGE CROSSING PHASE 1, PHASE 1A AND PHASE 2 PROPERTY OWNERS 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 current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 209A00029077

RECEIVED
2009 SEP -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cambridge Crossing Property Owners Association
Name of Corporation

DOCUMENT NUMBER: N99000004650

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:

Spencer Solomon
Name of Contact Person

Southwest Property Management
Firm/Company

P.O. Box 783367
Address

Winter Garden, FL 34778
City/State and Zip Code

spencerswpm@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spencer Solomon at (407) 656-1081
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

CAMBRIDGE CROSSING PHASE 1, PHASE 1A AND PHASE 2

1. The name of the corporation PROPERTY OWNERS ASSOCIATION INC.
2. The principal office address: 13350 W Colonial Dr. Suite 330
Winter Garden, FL 34787
3. The mailing address (if different): P O Box 783367
Winter Garden FL 34778
4. Date of incorporation/qualification: 8/5/1999 Document number: N99000004650
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)

Spencer Solomon

14443 Pruning Wood Place

Winter Garden, FL 34787

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

Spencer Solomon

13350 W Colonial Dr. Suite 330

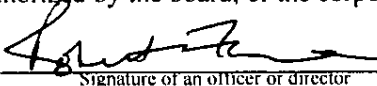
P.O. Box NOT acceptable

Winter Garden, FL 34787

FILED
09 SEP -9 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

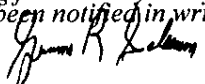
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Robert Fournier 8/5/2009
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

8/5/2009
Date

If signing on behalf of an entity:

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)