

744800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

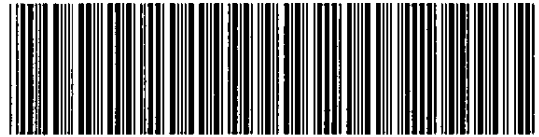
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Change

06/11/09--01030--011 **35.00

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2009 JUN 24 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00611
*00789, 00624, 00671

AOR
6/25/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILDEWOOD SPRINGS II CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 744800

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:

Name of Contact Person

ACTION ASSOCIATION MANAGEMENT, INC.
Firm/Company

1282 4TH STREET
Address

SARASOTA, FL 34236
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at (941) 373-0008
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2009

Action Association Management, Inc.
1282 4th Street
Sarasota, FL 34236

SUBJECT: WILDEWOOD SPRINGS II CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 744800

We have received your document for WILDEWOOD SPRINGS II CONDOMINIUM 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.

Please sign the form as the new registered agent in the space provided at the bottom of the page.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 809A00020062

RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2009 JUN 24 AM 8:00

RECEIVED

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: WILDEWOOD SPRINGS II CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 744800

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)

PROGRESSIVE COMMUNITY MANAGEMENT, INC.
1801 GLENGARY STREET, FL 1
SARASOTA, FL 34231-3637

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

ACTION ASSOCIATION MANAGEMENT, INC.
1282 4TH STREET
SARASOTA, FL 34236

P.O. Box NOT acceptable

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

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.

x Thomas A. [Signature]
Signature of Registered Agent

6/19/09
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