

760705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

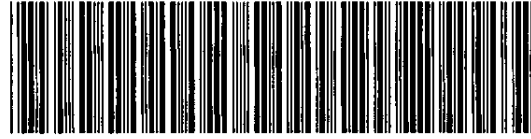
(Business Entity Name)

(Document Number)

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14 AUG 11 PM 12:14

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10 8.12.14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPRINGWOOD LANDING HOMEOWNERS' ASSOCIATION INC

\_\_\_\_\_  
Name of Corporation

760705

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

William Sills, President

\_\_\_\_\_  
Name of Contact Person

Springwood Landing Homeowners' Association Inc

\_\_\_\_\_  
Firm/Company

PO Box 672

\_\_\_\_\_  
Address

Eustis, FL 32727-0672

\_\_\_\_\_  
City/State and Zip Code

springwoodlanding2014@hotmail.com

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

For further information concerning this matter, please call:

John W Baker

352 357-1827

at ( )

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2014

WILLIAM SILLS  
SPRINGWOOD LANDING HOMEOWNERS  
P.O. BOX 672  
EUSTIS, FL 32727-0672

SUBJECT: SPRINGWOOD LANDING HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: 760705

We have received your document for SPRINGWOOD LANDING HOMEOWNERS' 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 814A00016424

RECEIVED  
14 AUG 11 AM 7:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: SPRINGWOOD LANDING HOMEOWNERS' ASSOCIATION INC  
2. The principal office address: Springwood Landing Subdivision

3. The mailing address (if different): PO Box 672, Eustis, FL 32727-0672

4. Date of incorporation/qualification: 11/16/1981 Document number: 760705

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)

Schroth, Derek A. Esq.

600 Jennings Ave

Eustis, FL 32726

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

John W Baker

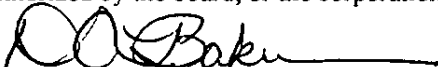
1223 Palmetto Rd

P.O. Box NOT acceptable

Eustis, FL 32726

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

Deborah A Baker, 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.*



Signature of Registered Agent

08/07/14

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 (03/12)

FILED  
FLORIDA DEPARTMENT OF STATE  
14 AUG 14 PM 12:40