

N00260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

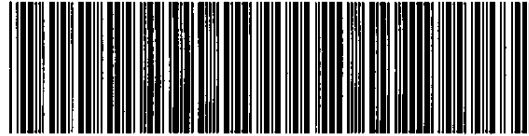
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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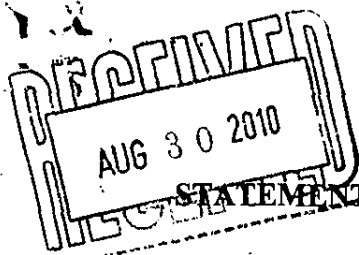
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10 SEP 23 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* Roberts SEP 23 2010



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT

OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 617.0502, 607.0502, 617.1508, or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: WINNING CREEK, Phase VI Condominium Association, INC.
2. The mailing address of the corporation is: 7300 PARK STREET
SEMINOLE, FL 33777
3. Date of incorporation/qualification: DEC. 1983 Document No.: N00260
4. The name and address of the current registered agent and office:
LEONARD A. LEIGHTON
2189 CLEVELAND STREET, Ste. 225
CLEARWATER, FL 33765
5. The name and address of the new registered agent and office (P.O. Box not acceptable):
DEBORAH KEINHARDT
RESOURCE PROPERTY MGMT.
7300 PARK STREET
SEMINOLE, FL 33777

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.

Beverly Maxwell
Signature of officer or chairman of the board

Aug 23, 2010
Date

President Phase VI
Printed or typed name and title

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.

[Signature]
Signature of registered agent

9/21/10
Date

If signing on behalf of an entity:

Debra Reinhart
Typed or printed name

OWNER
Capacity

****FILING FEE \$35.00****

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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