10500007117

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DEC 28 2017

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: STUCKTON YTU AGE HOMEOWNERS ASSULATION, LINE Name of Corporation
Name of Corporation
DOCUMENT NUMBER: NOS OUUSO 7/17
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:
Jeanette Genorus Name of Contact Person
Campbell Property Management
112705W TOWN PARK Are Address
PORT ST LUCY, FR 34987 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trans HC Genovese at (742) 579-4179 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 Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

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.
1. The name of the corporation: STUCKTON VILLAGE Homeowers Associationalise
2. The principal office address: 1/2 70 SW TOWN PARK AVC
PORT ST LUCY, FL 34987
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/12 /2005 Document number: 1050000 7117
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)
SIC GETICA, RIVERA, LETNET, DE LATEURE S
West PAIM Brack FL 33401
WEST PAIM Breach, FL 33401
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
(if changed): Brough, Chadrow, & Levine P.A. Blobas Commerce Center 1900 North Commerce Parkway P.O. Box NOT acceptable
1900 North Connerce Parkway P.O. Box NOT acceptable
WISTON, FR 3324
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 organic or the corporation has been notified in writing of the change.
CHOW CANETO. KROW
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.
12/19/12
Orgnature of Registered Agent Date
If signing on behalf of an entity: Scoff J. Levine, Esa. for Browh, Chadron & Levine, P.A. Typed or Printed Name
Typed or Printed Name
* * * FILING FFF. #25 00 * * *

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