

NO5881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

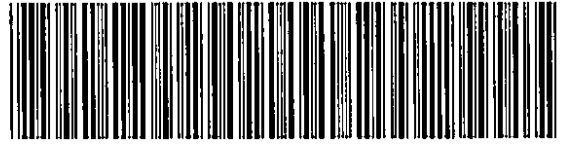
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100318259601

09/17/18--01025--008 **35.00

FILED

2018 SEP 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FL

Wachog

R. WHITE

SEP 19 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOLIDAY Village Homeowners Assoc
Name of Corporation

DOCUMENT NUMBER: NO5881

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:

Mimi Wildmone
Name of Contact Person

HOLIDAY Village Homeowners Assoc
Firm/Company

1335 Fleming Ave #3
Address

ORMOND BEACH FL 32174
City/State and Zip Code

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

For further information concerning this matter, please call:

Mimi Wildmone at (386) 290-2104
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.

- 1. The name of the corporation: Holiday Village Homeowners Assoc
2. The principal office address: 1335 Fleming Ave #3
ORMOND BEACH, FL 32174
3. The mailing address (if different):

4. Date of incorporation/qualification: Oct 28, 1984 Document number: N05881

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)

CONSTANCE TULLY
1335 Fleming Ave #46
ORMOND BEACH, FL 32174

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

Mimi Wildmone
1335 Fleming Ave #290
P.O. Box NOT acceptable
ORMOND BEACH, FL 32174

FILED
2018 SEP 17 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Elizabeth A Cox
Signature of an officer or director

Elizabeth A Cox
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.

Mimi Wildmone
Signature of Registered Agent

8-12-2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE