

NO6000001691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

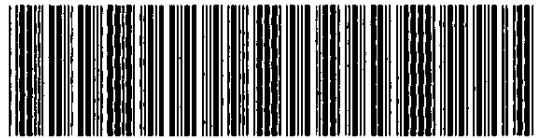
(Business Entity Name)

(Document Number)

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12/30/09--01004--002 \*\*35.00

APPROVED  
AND  
FILED  
10 FEB - 1 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RRP  
2/1/10  
11/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rock Springs Homeowners Association Inc  
Name of Corporation

**DOCUMENT NUMBER:** N06000001691

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:

Michelle Collier  
Name of Contact Person

Rock Springs Homeowner Association  
Firm/Company

24 Disalvo Place  
Address

Apopka, FL 32712  
City/State and Zip Code

rshoa@ymail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Collier at ( 407 ) 782-7043  
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

January 5, 2010

RUBEN EVANS  
7 DISALVO PL  
APOPKA, FL 32712

SUBJECT: ROCK SPRINGS HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N06000001691

We have received your document for ROCK SPRINGS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered 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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 710A00000206

RECEIVED  
2010 FEB -1 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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: Rock Springs Homeowner's Association Inc
2. The principal office address: 7 Disalvo Place  
Apopka, Florida 32712
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/15/2006 Document number: N06000001691
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)

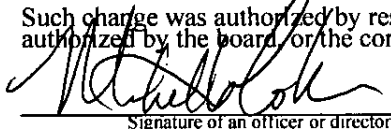
Deborah Hagen  
130 Remington Drive Suite 1012  
Oviedo, Florida 32765

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

Michelle Collier  
24 Disalvo Place  
P.O. Box NOT acceptable  
Apopka, Florida 32712

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

Michelle Collier, Treasurer  
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

1-28-2010  
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 (8/05)

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA