

N97000901870

Requestor's Name

RE/MAX CENTRAL PROPERTY MANAGEMENT
2170 S.R. 434 W., SUITE 384
LONGWOOD, FLORIDA 32779

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUN 15 AM 10:54

APPROVED
AND
FILED

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*****35.00 *****35.00

ON
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2px
6-15-98
RAEM

Examiner's Initials

**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, 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.

THE NAME OF THE CORPORATION IS: **WINGED FOOT ESTATE HOMEOWNERS ASSOCIATION, INC.**

THE MAILING ADDRESS OF THE CORPORATION IS: **2170 SR 434 W STE 384
LONGWOOD FL 32779**

DATE OF INCORPORATION / QUALIFICATION: **04/02/1997**

DOCUMENT NUMBER: **N9700001870 (1)**

NAME AND ADDRESS OF CURRENT REGISTERED AGENT:

**William M. Segal
1177 Louisiana Ave Ste 207
Winter Park FL 32789**

NAME AND ADDRESS OF NEW REGISTERED AGENT:

**MARILYN C. CAMPBELL
RE/MAX CENTRAL PROPERTY MANAGEMENT
2170 SR 434 W STE 384
LONGWOOD FL 32779**

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.

Will Segal

(SIGNATURE OF AN OFFICER, CHAIRMAN OR VICE CHAIRMAN OF THE BOARD)

6/2/98
(DATE)

William Segal

(PRINT OR TYPE NAME)

Pres. / Chmn.
(PRINT 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. 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.

Marilyn Campbell
(SIGNATURE OF REGISTERED AGENT)

6/8/98
(DATE)

IF SIGNING ON BEHALF OF AN ENTITY:

MARILYN CAMPBELL
(TYPE OR PRINT NAME)

VICE PRESIDENT
(CAPACITY/TITLE)

FILING FEE \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUN 15 AM 10:54

APPROVED
AND
FILED