## N41486

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

RO Change 10/11/07

## **COVER LETTER**

SUBJECT: Pines of Wekiva Homeowners' Association, Inc. (Name of Corporation) **DOCUMENT NUMBER: N41486** 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: Karen Paine Malcolm (Name of Contact Person) Paine-Anderson Properties, Inc. (Firm/Company) P. O. Box 195771 (Address) Winter Springs, FL 32719-5771 (City/State and Zip Code) For further information concerning this matter, please call: Karen Paine Malcolm (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe	ized under the laws of the State oj	f_Florida
	he corporation: The Pines of Wekin office address: 680 W. SR-434, Suite 10		on, Inc.
_	ddress (if different): P. O. Box 195771 ps, FL 32719-5771		
4. Date of incorp	poration/qualification: Dec. 31, 1990	Document number: N4148	<del>36</del>
	street address of the current registered at tment of State:  Paine-Anderson Properties, Inc.	gent and registered office on file	with the
	620 Nighthawk Cir.		_
	Winter Springs, FL 32708		O7 (
6. The name and (if changed):	I street address of the new registered ager	, , , , ,	TILESSEE.F
	680 W. SR-434, Suite 101	della en en	D III: 35
m 10.00000 a	(P.O. Box NOT acceptable) Winter Springs, FL 32708		<u>⊃</u> E
as changed will	ess of its registered office and the street be identical.  as authorized by resolution duly adopted the board, or the corporation has been no	<del>-</del> `	
Robert Healey, F		Robert Healey, President (Printed of typed name a	and title)
	the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change		
(Si	gnature of Registered Agent)	9/30/0-	7
٠٠.	chalf of an entity:	(Suit)	
ir signing on be	stati of an entity.		
	Typed or Printed Name)		
•	Electric State of State Filling Fi	EE: \$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)