

N15961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

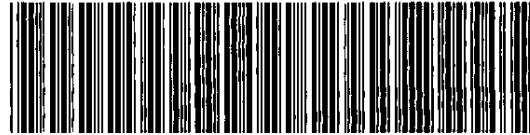
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADIS 9/20/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Votaw Village Homeowners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N15961

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:

MELINDA MAGUIRE
Name of Contact Person

MELINDA MAGUIRE & ASSOCIATES, LLC
Firm/Company

160 W. EVERGREEN AVE #271
Address

LONGWOOD, FL 32750
City/State and Zip Code

PAWNDER@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINDY MAGUIRE at (407) 767-0609
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

CR2E045 (8/05)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2010

MELINDA MAGUIRE
160 W. EVERGREEN AVE #271
LONGWOOD, FL 32750

SUBJECT: VOTAW VILLAGE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N15961

We have received your document for VOTAW VILLAGE 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):

The document must have original signatures.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 310A00020922

**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: Votaw Village Homeowners Association, Inc
2. The principal office address: 160 W. EVERGREEN AVE #271 LONGWOOD, FL 32750

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/21/86 Document number: N15961

5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)

MELINDA MAGUIRE & ASSOCIATES, LLC

160 W. EVERGREEN AVE # 271

LONGWOOD, FL 32750

FILED
10 SEP 20 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Tara L. Barrett, Esquire
1110 N. Orange Ave. Suite 2000
Orlando, FL 32801
P.O. Box NOT acceptable

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.

Melinda A Maguire
Signature of an officer or director

MELINDA A MAGUIRE, LCAM
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.

Charles L. Barrett
Signature of Registered Agent

8/18/10
Date

If signing on behalf of an entity:

Tara L Barrett
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)

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MELINDA MAGUIRE & ASSOCIATES, LLC

160 W. EVERGREEN AVE # 271

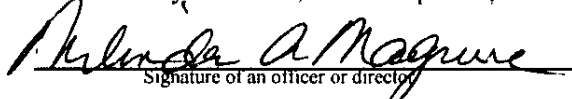
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Signature of an officer or director

MELINDA A MAGUIRE, LCAM
Printed or typed name and title

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Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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