105265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RAO 10/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor Woods of Tarpon Springs HOA, Inc.
Name of Corporation

DOCUMENT NUMBER: N25265

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:

Tom Schwartz
Name of Contact Person

Firm/Company

4804 Harbor Woods Dr
Address

Palm Harbor FL 34683
City/State and Zip Code

elschwartz6104@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Schwartz at (727) 938 2345
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

RECEIVED
10 SEP 23 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 13, 2010

TOM SCHWARTZ
4804 HARRY WOODS DR
PALM HARBOR, FL 34685

SUBJECT: HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N25265

We have received your document for HARBOR WOODS OF TARPON 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):

The principal address must be a street address.

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: 310A00021751

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: Harbor Woods of Tarpon Springs Homeowners' Association

2. The principal office address: ~~P.O. Box 1961, Palm Harbor, FL 34682~~
4804 HARBOR WOODS DR. PALM HARBOR FL 34683

3. The mailing address (if different): P.O. Box 1961, Palm Harbor, FL 34682

4. Date of incorporation/qualification: 3/8/88 Document number: N25265

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)

Susan Ryan

4896 Harbor Woods Drive

Palm Harbor, FL 34683

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

Tom Schwartz

4804 Harbor Woods Drive
P.O. Box NOT acceptable

Palm Harbor, FL 34683

10 SEP 23 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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 — Sam Marshall, President
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 — 9-3-10
Date

If signing on behalf of an entity:

Tom Schwartz
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)