

768060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

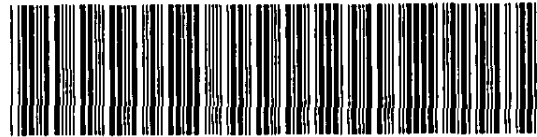
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600203704786

RA
Change

10/12/12--01045--001 **35.00

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2012 OCT 12 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1002
10/12/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2012

Windtree Gardens Condominium Association
P.O. Box 783367
Winter Gardens, FL 34778

SUBJECT: WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 768060

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 112A00024357

RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 768060

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:

Erika Sheehan

Name of Contact Person

Southwest Property Management

Firm/Company

13350 West Colonial Dr Ste 330

Address

Winter Garden, FL 34787

City/State and Zip Code

erika@swpmcfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Sheehan

Name of Contact Person

at (407) 459-4355

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

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 13350 West Colonial Drive Ste 330
Winter Garden, FL 34787

3. The mailing address (if different): PO Box 783367
Winter Garden, FL 34778

4. Date of incorporation/qualification: 9/1/12 Document number: 768060

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)

ASC PROPERTY SERVICES INC.

3625 SR 419 SUITE 280

WINTER SPRINGS FL 32708

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

Southwest Property Management of Central FL

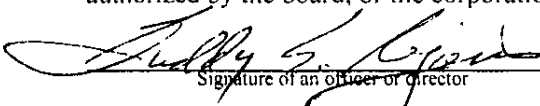
13350 West Colonial Drive Suite 330

P.O. Box NOT acceptable

Winter Garden, FL 34787

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

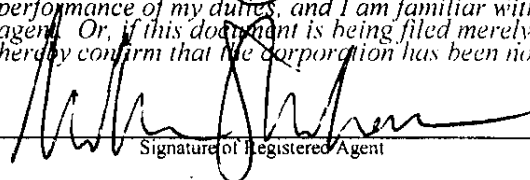
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Buddy Rejoins, PD

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

8/31/12

Date

If signing on behalf of an entity:

Erika Sheehan

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 (03/12)

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TALLAHASSEE, FLORIDA