

724965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

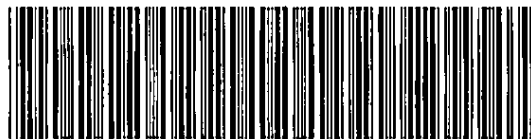
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gardens of Gulf Cove POA, INC
Name of Corporation

DOCUMENT NUMBER: 724965

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:

Judy Hollister

Name of Contact Person

Gardens of Gulf Cove POA, INC

Firm/Company

6464 Coniston Street

Address

Port Charlotte, FL 33981

City/State and Zip Code

gardensofgulfcove@gmail.com

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

For further information concerning this matter, please call:

Judy Hollister

Name of Contact Person

941 697-4443

at ()
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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gardens of Gulf Cove Property Owner's Association, Inc
2. The principal office address: 6464 Coniston St. Port Charlotte, FL 33981

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/07/1972 Document number: 724965

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)

SHEEHAN, JOHN, C.A.M.

6464 Coniston St

Port Charlotte, FL 33981

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

Hollister, Judy, C.A.M.

6464 Coniston St

P.O. Box NOT acceptable

Port Charlotte, FL 33981

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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.

Helen M. Rainbeau Helen M. Rainbeau
Signature of an officer or director 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.

Judy Hollister
Signature of Registered Agent

11/20/2018
Date

If signing on behalf of an entity:

Judy Hollister
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