

728896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600231594566

04/27/12--01006--010 **35.00

PAK ch

FILED
2012 MAY 14 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2012

J. CHRISTOPHER CROWDER, ESQ.
FARO & CROWDER, P.A.
503 N. ORLANDO AVE STE 201
COCOA BEACH, FL 32931

SUBJECT: WILLIAMSBURG VILLAGE NORTH HOMEOWNERS
ASSOCIATION, INC.
Ref. Number: 728896

We have received your document for WILLIAMSBURG VILLAGE NORTH 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 registered agent must sign accepting the designation.

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 612A00013199

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 MAY 14 AM 11:25
NOT POSTAGED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Williamsburg Village North Homeowners Association
Name of Corporation

DOCUMENT NUMBER: 728896

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:

J. Christopher Crowder, ESQ

Name of Contact Person

Faro & Crowder, P.A.

Firm/Company

503 N. Orlando Ave, Suite 201

Address

Cocoa Beach, FL 32931

City/State and Zip Code

jcrowder@farolaw.com

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

For further information concerning this matter, please call:

J. Christopher Crowder, ESQ

Name of Contact Person

at (

321)

784-8158

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: Williamsburg Village North Homeowners Association, Inc.
2. The principal office address: 50 Needle Blvd., Unit 208, MERRITT ISLAND FL 32952 US

3. The mailing address (if different): 503 N. Orlando Ave., Suite 201, Cocoa Beach, FL 32931

4. Date of incorporation/qualification: 2/21/1974 Document number: 728896

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)

ERA SHOWCASE PROPERTIES

8660 ASTRONAUT BLVD, #208

CAPE CANAVERAL FL 32920 US

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

Faro & Crowder, P.A.

503 N. Orlando Ave., Suite 201

P.O. Box NOT acceptable

Cocoa Beach, FL 32931

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

David Diamond

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

4/19/2012

Date

If signing on behalf of an entity:

J. Christopher Crowder, ESQ

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)

FILED
2012 MAY 14 PM 3:35
CLERK OF STATE
TALLAHASSEE, FLORIDA