

738402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

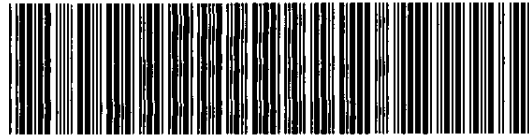
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 28 PM 3:46

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PA Change
12-29-10
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2010

KAREN KOCH
KAREN KOCH INC
P. O. BOX 291282
PORT ORANGE, FL 32129

SUBJECT: SPRINGWOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: 738402

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE HAVE AN OFFICER TO SIGN THE DOCUMENT.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 410A00028593

RECEIVED
10 DEC 28 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Springwood Village Homeowner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 738402

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:

Karen Koch
Name of Contact Person

Karen Koch Inc
Firm/Company

PO Box 291282
Address

Port Orange, FL 32129
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Koch at (386) 767-8282
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

**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: Springwood Village Homeowner's Association, Inc.

2. The principal office address: 6156 Sabal Point Circle, Port Orange, FL 32128

3. The mailing address (if different): PO Box 291282, Port Orange, FL 32129

4. Date of incorporation/qualification: 03/18/1977 Document number: 738402

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)

Virginia Waikins

1034 Ridgewood Ave

Holly Hill, FL 32117

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

Karen Koch

6156 Sabal Point Circle

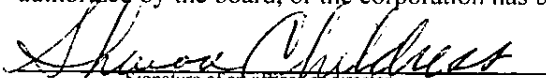
P.O. Box NOT acceptable

Port Orange, FL 32128

FILED
10 DEC 28 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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

SHARON CHILDRESS, SECRETARY
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

12-21-10
Date

If signing on behalf of an entity:

KAREN KOCH
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