

739017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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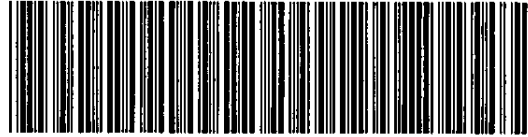
(Business Entity Name)

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T. CARTER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THE SHADOW RUN HOME OWNER'S ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: 739017

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:

RONALD S. TROWBRIDGE  
Name of Contact Person

THE TROWBRIDGE COMPANY, INC.  
Firm/Company

P.O. BOX 273708  
Address

TAMPA FL 33688  
City/State and Zip Code

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

For further information concerning this matter, please call:

RON TROWBRIDGE at ( 813 ) 264-1119  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

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REPA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

February 6, 2015

RONALD S. TROWBRIDGE  
THE TROWBRIDGE COMPANY, INC.  
P.O. BOX 273708  
TAMPA, FL 33688 US

SUBJECT: THE SHADOW RUN HOME OWNERS' ASSOCIATION, INC.  
Ref. Number: 739017

We have received your document for THE SHADOW RUN HOME OWNERS' 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 at a street address. A post office box is not acceptable. Please correct section 2.

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 D Carter  
Regulatory Specialist

Letter Number: 115A00002549

**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: THE SHADOW RUN HOMEOWNERS ASSOCIATION
2. The principal office address: P.O. BOX 273708 TAMPA, FL 33688  
12303 SHADOW RUN BLVD. DIVERVIEW, FL 33509
3. The mailing address (if different): PO BOX 273708 TAMPA, FL  
33688
4. Date of incorporation/qualification: 5/13/77 Document number: 739017
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)  
FRISCH & ROSS, P.A.  
5550 WEST EXECUTIVE DR. SUITE 250  
TAMPA, FLORIDA 33609
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):  
SILBERMAN LAW, P.A.  
1105 W SWANN AVENUE  
TAMPA, FL 33606

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.

Samie Wilkerson, President  
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.

[Signature]  
Signature of Registered Agent \_\_\_\_\_  
Date: JANUARY 29, 2015  
If signing on behalf of an entity:  
MANAGING  
SHAREHOLDER  
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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