

741873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

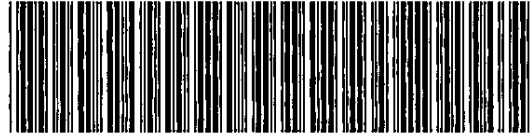
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
T. LEMIEUX

MAY 08 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Windmill Point 1 Property Owners Association
Name of Corporation

DOCUMENT NUMBER: 741873

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:

(Debi)
Debra Kelly
Name of Contact Person

Windmill Point 1 Property Owners Association
Firm/Company

490 SW Kentwood Rd
Address

PT ST Lucie FL 34953
City/State and Zip Code

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

For further information concerning this matter, please call:

Debi Kelly at (772) 985-4915 or 772-336-0860
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 FL.
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Windmill Pt. one Property Owner Association
2. The principal office address: 490 SW Kentwood Rd PT ST LUCIE FL 34953

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: 741873

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)

RESIGNED- Robert Burson

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

Debra Kelly (AKA Debi Kelly)
490 SW Kentwood Rd
PT ST LUCIE FL 34953

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

[Signature]
Signature of an officer or director

Ann Jenkins
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

5-2-13
Date

If signing on behalf of an entity:

Debi Kelly
Typed or Printed Name

*** FILING FEE: \$35.00 ***