## 743643

(Re	equestor's Name)				
(Ad	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

TO:	Amendment Section		
	Division of Corporations		

SUBJECT: CALDER	FARMS HOME DUNCES (Name of corporation)	Association,
DOCUMENT NUMBER:	743643	

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:

	MALK K. Johnson
	(Name of contact person)
	(Firm/Company)
	6920 S.W. 55 St
-	(Address)
	DAVIE FLORICA 33314 (City/state and zip code)
	(Uliv/state and zip code)

For further information concerning this matter, please call:

Mark K. Johnson at (954) 927.3900 (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 409 E. Gaines Street Tallahassee, FL 32399

## CALDER FARMS HOME OWNERS ASSOCIATION, INC.

6920 SW 55th Street, Davie, Florida 33314

November 15, 2005

Florida Department Of State Division Of Corporations Attn: Ms. Carol Mustain P.O. Box 6327 Tallahassee, FL 32314

Ref. Number 743643

Dear Ms. Mustain,

Enclosed, please find our check # 6018 for the amount of \$35.00 along with our application for a "Statement of Change of Registered Office and Agent."

As per our phone conversation, I tried to explain the delay in responding to the Department's previous letter. It appears that all correspondence sent by the Florida Department of State to Calder Farms was being mailed to the wrong address. All letters were being sent to 6920 SW 53<sup>rd</sup> Street. We are on 55<sup>th</sup> Street. It was only by chance that we received the Certificate of Dissolution, and that was because the individual who received the letter hand delivered the letter to my door to see if it belonged to me.

I have updated the information on the application. As we mentioned, the mailing address was incorrect, and it appears that the physical address on your records for Calder Farms is actually our community barn. Effective immediately, I will now be the acting the agent for Calder Farms and all correspondence should now be sent to 6920 SW 55<sup>th</sup> Street, Davie, Florida 33314.

We apologize for the delays, and hope that after considering our explanation, you will accept our check and application as a late registration.

If you should have any further questions, please contact me at 954-614-9935.

Thank you.

Mark K. Johnson

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.05 ange is submitted for a corpor					
3	inge is suomittea for a corpor or to change its registered offic	•		-		
1. The name of t	the corporation: CAlder	K FARMS	S Home	E Dun	VERS A	Isociation
2. The principal	office address: 6920	05W	55	St_		
	DAVIE	FLOR	id4	333/	4	
	address (if different):					
4. Date of incorp	poration/qualification:		_ Document n	umber:	7436	,43
5. The name and	I street address of the current riment of State:  EllEN K  Address Uni	registered agent	and registered	d office on file	e with the	- <i>i</i>
	Address un	Kuows			ASSE ASSE	FIL
6. The name and (if changed):	street address of the new reg	K. :	Tohns	on	TATE ORDE	ED
	6920 (P.O. BOX N	SCO NOT acceptable)	ss.	333/	<u> </u>	
The street addre	ess of its registered office and be identical.	i the street addr	ess of the bus	iness office o	of its registered	l agent,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	uly adopted by i	its board of din	rectors or by the change.	an officer so	
(Signation	ure of an officer or director)		MMM.	K K.	Johns and title)	on Director
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registere to comply with the provisions my duties, and I am familiar is document is being filed me that the corporation has been	ed agent and ag s of all statutes with and accep erely to reflect a n notified in wr			_	
	Lih		N	00 1:	5,05	
(Sig	gnature of Registered Agent)			(Date)	<del></del> -	
If signing on bel	half of an entity:					
	yped or Printed Name)					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE