

747218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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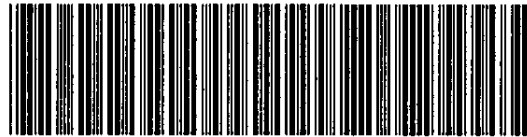
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** halifax shores homeowners Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 747218

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:

Joanmarie Koczan

Name of Contact Person

halifax shores homeowners association, Inc  
Firm/Company

405 n. halifax avenue #112

Address

daytona beach, florida 32118

City/State and Zip Code

jmk1077@hotmail.com

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

For further information concerning this matter, please call:

Joanmarie Koczan

Name of Contact Person

at ( 315 ) 427 6321

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: halifax shores homeowners association, Inc  
2. The principal office address: 405 n halifax avenue  
daytona beach, florida 32118  
3. The mailing address (if different): same

4. Date of incorporation/qualification: 5-17-1979 Document number: 747 218

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)

Thomas engle (Resigned)  
# 311 405 n halifax ave  
daytona beach, florida 32118

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

Joanmarie Koczan  
405 n halifax # 112  
daytona beach, florida 32118  
P.O. Box NOT acceptable

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

Evelyn R. Har Treasurer  
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.

Joanmarie Koczan  
Signature of Registered Agent

October 29, 2013  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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