

747260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

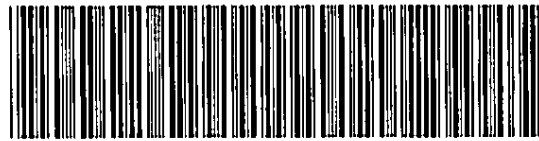
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500308298525

02/06/18--01003--018 **35.00

FILED
2018 FEB -5 AM 10:59
ALABAMA

R A / R O / C H G

FEB 07 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Walden Lake Fairway Villas Property Owners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 747260

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:

Barbara J. Prasse, Esq.

Name of Contact Person

Barbara J. Prasse, P.A.

Firm/Company

1000 N. Ashley Drive #512

Address

Tampa, FL 33602

City/State and Zip Code

bprasse@tampalitigator.com

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

For further information concerning this matter, please call:

Barbara Prasse

Name of Contact Person

at (813) 258-4422

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: Walden Lake Fairway Villas Property Owners' Association, Inc.
2. The principal office address: 24701 US Highway 19 North #102
Clearwater, Florida 33763
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/21/1979 Document number: 747260

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)

Julie Lovetere

24701 US Highway 19 North #102

Clearwater, Florida 33763

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

Barbara J. Prasse, P.A.

1000 North Ashley Drive, Suite 512

P.O. Box NOT acceptable

Tampa, Florida 33602

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

Douglas Brady/President

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

1/31/18
Date

If signing on behalf of an entity:

Barbara J. Prasse, Esq./President

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