

748817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

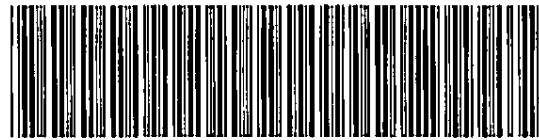
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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DEC 15 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Floral Lakes Homeowner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 748817

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:

Robert C. Chilton, Esq.
Name of Contact Person

Sharit, Bunn & Chilton, P.A.
Firm/Company

P.O. Box 9498
Address

Winter Haven, FL 33883-9498
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert C. Chilton at (863) 293-5000
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

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2017

FLORAL LAKES HOMEOWNER'S ASSOCIATION, INC.
2055 S FLORAL AVE
BARTOW, FL 33830

SUBJECT: FLORAL LAKES HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: 748817

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received the attached check without any supporting documents. If you need to file something with our office please return the attached check along with the proper application.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 817A00024536

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Floral Lakes Homeowner's Association, Inc.
2. The principal office address: 2055 S. Floral Avenue, No. 3
Bartow, Florida 33830
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 748817

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)

Hochfchild, Gerald

2055 S. Floral Avenue

Bartow, Florida 33830

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

Robert C. Chilton, Esq.

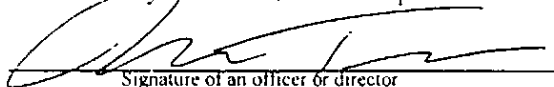
99 Sixth Street SW

P.O. Box NOT acceptable

Winter Haven, Florida 33880-7900

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

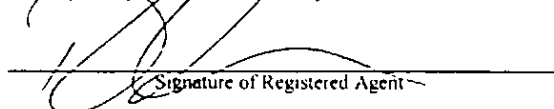
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Joe Troccia, 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.


Signature of Registered Agent

November 7, 2017

Date

If signing on behalf of an entity:

Robert C. Chilton

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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DIVISION OF CORPORATIONS
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