

750539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

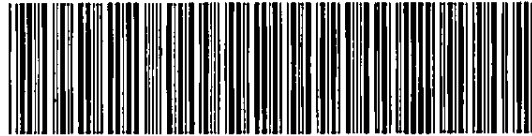
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

52 09/30/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONCORD WOODS VILLAGE HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 750539

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:

MARY BISHOP

Name of Contact Person

Firm/Company

POST OFFICE BOX 180736

Address

CASSELBERRY, FL 32718

City/State and Zip Code

concordwoodsvillagehoa@gmail.com

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

For further information concerning this matter, please call:

MARY BISHOP

at (407) 718-7251

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: CONCORD WOODS VILLAGE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 108 VALMORA DRIVE
CASSELBERRY, FL 32707
3. The mailing address (if different): POST OFFICE BOX 180736 CASSELBERRY, FL 32718
4. Date of incorporation/qualification: 01/09/1980 Document number: 750539
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)

Top Notch Management Services

932 N. Maitland Ave. Ste A

Maitland, FL 32751

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

Carrie A. Bailey, CPA, PA

1027 McKinnon Avenue

P.O. Box NOT acceptable

Oviedo, FL 32765

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.

Mary Bishop
Signature of an officer or director

MARY BISHOP, 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.

Carrie A. Bailey
Signature of Registered Agent

8.2.2020

Date

If signing on behalf of an entity:

CARRIE A. BAILEY

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 (04/13)

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