## 751583

(Req	juestor's Name)	
/Add	iress)	
(Add	1622)	
(Add	lress)	<del>-</del> -
(City	/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
<del>_</del>	<del></del>	<u>—</u>
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
·		<del></del>
Special Instructions to F	ilina Officer:	
Wied Sign	1 ranko	
10000		
<u> </u>		

Office Use Only



900344935119

05/26/20--01030--014 \*\*35.00

on the 28 of 3:54

Ra Change

JUL 0 7 2020 D CUSHING

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT. WINDOVER FARMS COMMUNITY ASSOCIATION, INC.

Name of Corporation		
DOCUMENT NUMBER: 751583		
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:		
PETER R. MCGRATH, ESQ.		
Name of Contact Person		
PETER R. MCGRATH, P.A.		
Firm/Company		
801 N. MAGNOLIA AVENUE, STE. 317		
Address		
ORLANDO, FL 32803	25.3	5
City/State and Zip Code	(c)	= 22
MCGRATHLAW@CFL.RR.COM	==	,
E-mail address: (to be used for future annual report notification)	82 Asi	-1 -2
For further information concerning this matter, please call:	. : မွှ	
PETER R. MCGRATH, ESQ at (407 )872-7010	2F	:::: :::::::::::::::::::::::::::::::::
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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)



2020.1 2 91112: 36

CTCENTD JUN20

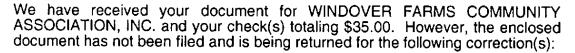
## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2020

PETER R MCGRATH, ESQ PETER R MCGRATH, P.A. 801 N. MAGNOLIA AVENUE, STE 317 ORLANDO, FL 32803

SUBJECT: WINDOVER FARMS COMMUNITY ASSOCIATION, INC.

Ref. Number: 751583



We need the signature of an officer or director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Diane Cushing Senior Section Administrator

Letter Number: 720A00011945

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

statement of ch	ange is submitte	l for a corporation organ	92, 607.1508, or 617.1508, Florida Statutes, t nized under the laws of the State of FLORIDA	his 
in ord	er to change its i	egistered office or regist	ered agent, or both, in the State of Florida.	
1. The name of	the corporation:	WINDOVER FARMS CO	OMMUNITY ASSOCIATION, INC.	
		7287 WINDOVER WAY,		
3. The mailing	address (if differ	ent): P.O. BOX 658, TITU	USVILLE, FL 32781-0658	<del></del>
4. Date of incor	poration/qualific	eation: 03/18/1980	Document number: 751583	
<ol><li>The name an Florida Depa</li></ol>	d street address ortment of State:	of the current registered a	agent and registered office on file with the ed)	
	KI.EMM, RUS	SELL E., ESQ.		
	C/O CLAYTO	N & MCCULLOH, P.A.		
	1065 MATTLA	ND CENTER COMMONS	S BLVD., MAITLAND, FL 32751	3
6. The name an (if changed):	d street address o	of the new registered age	nt (if changed) and /or registered office	JUN 28
	MCGRATH, P	ETER R., ESQ.		- 7
	C/O PETER R.	MCGRATH, P.A.		<u>ر</u> ب
			x NOT acceptable	ម្នា .
	801 N. MAGN	OLIA AVE., STE. 317, OF	RLANDO, FL 32803	•
The street addr as changed wil	ess of its registe I be identical.	red office and the street	address of the business office of its registere	ed agent,
Such change wanthorized by t	as authorized by he board, or the	resolution duly adopted corporation has been no	d by its board of directors or by an officer so stified in writing of the change.	)
Juju K	Mama- ulyoyan officer or dir	ector	/ Printed of typed name and title	WECA
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment to comply with and I am familiar ing filed merely in been notified.	it as registered agent an the provisions of all stat with and accept the obl to reflect a change in th in writing of this change	nd agree to act in this capacity, tules relative to the proper and complete per ligation of my position as registered agent, he registered office address, I hereby confirm	formance Or, if this 1 that the
	ne	W)	MAY 20, 2020	
Si	gnature of Registered	Agent	Date	
If signing on b	ehalf of an entit	y:		
PETER R. MCC				
•	Typed or Printed Nam	е		

\* \* \* 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)