

754357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

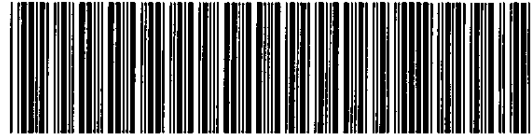
(Business Entity Name)

(Document Number)

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RA Change

2-2-12

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Cypresswood Club Patio Homeowners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 754357

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
Name of Contact Person

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

P.O. Box 9498
Address

Winter Haven, FL 33883
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

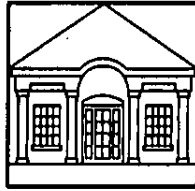
Enclosed is a \$35.00 check made payable to the Department of State.

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

R. Scott Bunn * Δ
Charles R. Chilton,
Robert J. Stambaugh
Kelly P. Butz
Robert C. Chilton

* Board Certified Civil Trial Lawyer
Δ Also Admitted in Colorado



**Sharit,
Bunn &
Chilton P.A.**
ATTORNEYS AT LAW

Winter Haven Office:
99 Sixth Street, S.W.
Winter Haven, FL 33880-7900
Telephone: (863) 293-5000
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Reply to:
P.O. Box 9498
Winter Haven, FL 33883-9498
www.winterhavenlaw.com

January 26, 2012

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: The Cypresswood Club Patio Homeowners' Association, Inc.

Dear Sir/Madm:

Enclosed please find the following:

1. Cover Letter;
2. Statement of Change of Registered Office or Registered Agent; and
3. This firm's check in the amount of \$35.00 for the filing fee.

If you have any questions, please do not hesitate to contact me.

Yours very truly


ROBERT C. CHILTON

RCC/dm

Enclosures

**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: The Cypresswood Club Patio Homeowners' Association, Inc.

2. The principal office address: 454 Pinehurst Ct, Winter Haven, FL 33884

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 9/25/80 Document number: 754357

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)

Linda L. Deckert

454 Pinehurst Ct

Winter Haven, FL 33884

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

Robert C. Chilton, Esquire

99 6th Street SW

P.O. Box NOT acceptable

Winter Haven, FL 33880

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

GARY CIAFFONE / 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

1/24/12
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