

755426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

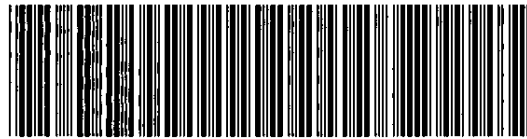
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300209953353

07/25/11--01006--026 **35.00

FILED
11 AUG 05 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chq.
C.COULLETTE

AUG 05 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEADOWLARK COVE HOMEOWNERS ASSN. INC
Name of Corporation

DOCUMENT NUMBER: 755426

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:

EDWARD S. BRAID

Name of Contact Person

BRAID ASSOCIATION MANAGEMENT
Firm/Company

9100 GREENLEAF CR

Address

FT. MYERS FL 33919

City/State and Zip Code

BRAID@COMCAST.NET

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

For further information concerning this matter, please call:

Edward S. Braid

Name of Contact Person

at (239) 489-2209

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2011

EDWARD S. BRAID
BRAID ASSOCIATION MANAGEMENT
9100 GREENLEAF CT
FT MYERS, FL 33919

SUBJECT: MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: 755426

RECEIVED
11 AUG -5 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 411A00017755

**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: MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 4489 WINDHAMMON LANE
FT. MYERS FL 33919

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/8/1980 Document number: 755426

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)

BRAID ASSOCIATION MGT
4489 WINDHAMMON LANE
FT. MYERS FL 33919

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

BRAID ASSOCIATION MGT
9100 GREENLEAF RD
P.O. Box NOT acceptable
FT. MYERS FL 33919

FILED
11 AUG 05 PM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.

Edward Brazil

Signature of Registered Agent

July 8, 2011

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
CR2E045 (8/05)