

755518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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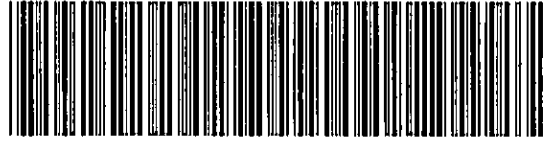
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 15 2019
S. YOUNG

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SECOND JUDGE STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crooked Creeks Owners Association, Inc
Name of Corporation

DOCUMENT NUMBER: 755598

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:

Lisa Lemmon

Name of Contact Person

C&S Community Mangement Services, Inc.

Firm/Company

4301 32nd Street West, Suite A-20

Address

Bradenton, FL 34205

City/State and Zip Code

llemmon@cscmsi.com

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

For further information concerning this matter, please call:

Lisa Lemmon

Name of Contact Person

941 377-3549

at () 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

**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: Crooked Creek Owners Association, Inc.
2. The principal office address: 4301 32nd St. West, Suite A-20, Bradenton, FL 34205

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1980 Document number: 755598

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)

Wells/Olah PA
1800 Second Street, Sarasota, FL 34236

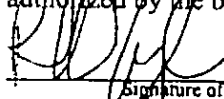
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Anderson/Givens/Fredericks Law
1689 Mahan Center Blvd, Suite B
P.O. Box NOT acceptable
Tallahassee, FL 32308

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19 AUG 12 AM 8:11
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.

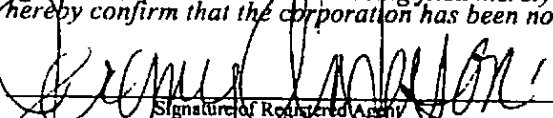


Signature of an officer or director

Roger Wylie, 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

07/30/19

Date

If signing on behalf of an entity:

Jeremy Anderson

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)