

756860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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@ 2/1/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WILDWOOD PROPERTY OWNERS ASSOCIATION INC.  
Name of Corporation

DOCUMENT NUMBER: 756860

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:

JOHN HOFFMAN  
Name of Contact Person

WILDWOOD PROPERTY OWNERS ASSOCIATION INC  
Firm/Company

2997 N.W. 81 ST AVE WILDWOOD  
Address

FLORIDA 34785  
City/State and Zip Code

OAKHILLWILDWOOD@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN HOFFMAN at (352) 330-2852  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2011

JOHN HOFFMAN  
P.O. BOX 546  
OXFORD, FL 34484-0546

SUBJECT: WILDWOOD PROPERTY OWNERS' ASSOCIATION, INC.  
Ref. Number: 756860

We have received your document for WILDWOOD PROPERTY OWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6964.

Irene Albrighton  
Regulatory Specialist II

Letter Number: 111A00000994

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11 FEB - 1 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WILDWOOD PROPERTY OWNER ASSOCIATION, INC.  
2. The principal office address: 2997 N.W. 81ST WILDWOOD, FL 34785  
3. The mailing address (if different): P.O. BOX 5411  
OXFORD, FL 34484-0541  
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 756860  
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)

JAMES W HART JR.  
SENTRY MGMT. 2180 W. ST. RT. 434 SUITE 5000  
LONGWOOD FL 32779

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

JOHN HOFFMAN  
2997 N.W. 81 ST. WILDWOOD FL  
34785  
P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS  
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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]  
Signature of an officer or director

JOHN HOFFMAN 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]  
Signature of Registered Agent

01-02-2011  
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