

765758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

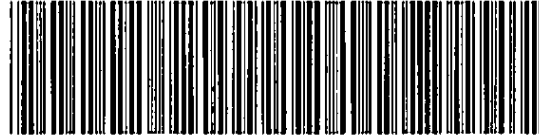
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
NOV 23 2021

Office Use Only



000375889360

11/05/21--01014--019 \*\*35.00

FILED  
2021 NOV 23 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EDGEHILL COMMUNITY RECREATION ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 765758

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:

Michael Sargent

Name of Contact Person

Edgehill Community Recreation Association, Inc

Firm/Company

50 West Ridge Rd.

Address

Davenport, FL 33837

City/State and Zip Code

president@edgehillrec.org

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

For further information concerning this matter, please call:

Michael Sargent

at ( 716 ) 397-5945

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: EDGEHILL COMMUNITY RECREATION ASSOCIATION, INC.  
2. The principal office address: 50 West Ridge Rd. Davenport, FL 33837

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/16/1982 Document number: 765758

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)

Deceased: Kerns, Kenneth  
35 Juniper Dr.  
Davenport, FL 33837

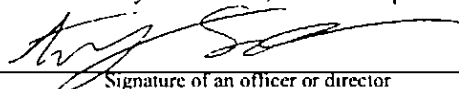
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sargent, Michael  
231 Westridge Rd  
Davenport, FL 33837  
P.O. Box NOT acceptable

FILED  
2021 NOV 23 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

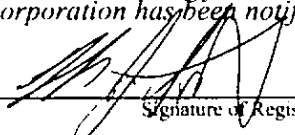
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Anthony Sweet Vice 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

11/2/2021  
Date

If signing on behalf of an entity:

Michael Sargent  
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 (04/13)