

767839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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S. TALLFORD

SEP 01 2017

R/A-CH

FILED
17 AUG 30 PM 1:55
U.S. DISTRICT COURT
NORTH DAKOTA
FARGO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2017

KATHY SHEERIN
AVALON HOME AND PROPERTY OWNERS ASSOCIAT
PO BOX 103
OAKLAND, FL 34760

SUBJECT: AVALON HOME AND PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: 767839

We have received your document 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 417A00016140

RECEIVED
17 AUG 30 PM 03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avalon Home and Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 767839

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:

Kathy Sheerin
Name of Contact Person

Avalon Home and Property Owners
Firm/Company

PO Box 103
Address

Oakland, FL 34760
City/State and Zip Code

ahpoa4@yahoo.com
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Kathy Sheerin at (407) 748-1198
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

**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: Avalon Home and Property Owners Association, Inc
2. The principal office address: 16605 Sandhill Rd
Winter Garden, FL 34787
3. The mailing address (if different): PO Box 103
Oakland, FL 34760
4. Date of incorporation/qualification: 4/6/83 Document number: 767839
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)

Resigned - Paul Allen
17000 Red Bird Rd
Winter Garden, FL 34787

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

Susan Higginbotham
5305 Rex Dr
P.O. Box NOT acceptable
Winter Garden, FL 34787

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.

Kathy Sheerin
Signature of an officer or director

Kathy Sheerin, Treasurer
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.

Susan Higginbotham
Signature of Registered Agent

7/26/17
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

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT