

N00000002251

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 23 AM 9:12

B.A.

JUL 24 2012

T. BROWN

## **Cover Letter**

**To: Amendment Section  
Division of Corporations**

**Subject: Deerfield Estates Homeowners' Association**

**Document Number: N00000002251**

**The enclosed Amendment and fee are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

**Robert Ahrens  
Director, Secretary Deerfield Estates Homeowners Association  
P.O. Box 37482  
Pensacola, FL 32526  
[Bigbeat52@yahoo.com](mailto:Bigbeat52@yahoo.com)**

**For further information concerning this matter, please call:**

**James Faxlanger at (850) 698-7695**

**Enclosed is a check in the amount of \$35.00 for filing fees.**

**Mail to:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2012

ROBERT AHRENS  
PO BOX 37482  
PENSACOLA, FL 32526

SUBJECT: DEERFIELD ESTATES HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N00000002251

We have received your document for DEERFIELD ESTATES HOMEOWNERS' 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) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 312A00018498

**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: DEERFIELD ESTATES HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: P.O. BOX 37482, PENSACOLA, FLORIDA 32526  
4159 ERIKA CT. PENSACOLA FL 32526
3. The mailing address (if different): PO Box 37482, Pensacola FL  
32526
4. Date of incorporation/qualification: 4/5/2000 Document number: N00000002251
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)

KERRY ANNE SCHULTZ, ESQUIRE

2045 FOUNTAIN PROFESSIONLA COURT, SUITE A

NAVARRE, FLORIDA 32566

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

JAMES FAXLANGER

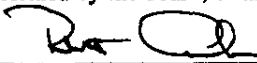
4159 ERIKA COURT

P.O. Box NOT acceptable

PENSACOLA, FLORIDA 32526

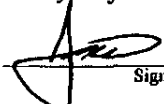
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ROBERT AHRENS - 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

7/2/2012  
\_\_\_\_\_  
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 (03/12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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