

N 00000007401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

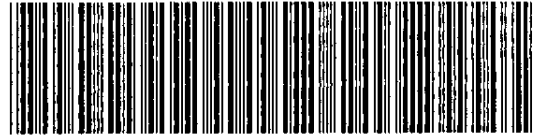
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RD Change

2-14-11

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Auburn Hills Home Owners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N00000007401

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:

Sterling L. King Sr.
Name of Contact Person

Firm/Company

105 Auburn Court
Address

Haines City, Florida 33844
City/State and Zip Code

sleesr@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sterling L. King Sr. at (863) 557-8040
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: AUBURN HILLS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 105 Auburn Court Haines City, Florida 33844
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: N00000007401
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)

Tula Michele Haff-Attorney and Counselor at Law

3399 Cypress Gardens Road, Suite C

Winter Haven, Florida 33884

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

Tula Michele Haff-Attorney and Counselor at Law

135 North 6th Street, Second Floor

P.O. Box NOT acceptable

Haines City, Florida 33844-4247

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.

Sterling L. King
Signature of an officer or director

Sterling L. King PD
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

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 (8/05)