## N01000002394

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Amenda Division	nent Section 1 of Corporations					
SUBJECT:	Windermere Ridge Hon Name of Con	neowners Assoc				
	Name of Con	poration				
DOCUMENT I	NUMBER: NO10	00002394				
The enclosed St	atement of Change of Registered Office/	Agent and fee are submi	tted for filing.			
Please return all	correspondence concerning this matter t	o the following:				
	Spencer S Name of Cont	olomon				
	Name of Cont	act Person				
	Couthwest Draner	h. Managamant				
	Southwest Propert					
	co	-Py				
	P.O. Box	78367				
Address						
	Winter Garden, FL 34778					
	City/State and	Zip Code				
	snencerswnm@	vahoo com				
	spencerswpm@ E-mail address: (to be used for fut	ure annual report notif	ication)			
For further infor	mation concerning this matter, please ca	11:				
	Spencer Solomon	at ( 407 )	656-1081			
N	Name of Contact Person	at ( <u>407</u> ) Area Code & Dayti	me Telephone Number			
Enclosed is a \$3	5.00 check made payable to the Departm	ent of State.				
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Se	ection			
	Division of Corporations	Division of Co				
	P.O. Box 6327	Clifton Buildin	ig e Center Circle			
	INTERPRESENT BL 3/314	ZODI EVECHTIV	MDISET 17018			

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH . $\cdot$ FOR CORPORATIONS

statement of cha	inge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida
1. The name of t	the corporation: Winde	ermere Ridge	Homeowners Ass	ocation, Inc.
2. The principal	office address: 13350	W. Colonial Driv	ve, Suite 330	
Winter Ga	rden, FL 34787			
3. The mailing a	ddress (if different): P.C	D. Box 783367		1/85/4
Winter G	Sarden, FL 34778			
4. Date of incorp	poration/qualification:	4/2/2001	Document number:	N01000002394
	I street address of the cur timent of State: (If resign	•	at and registered office on t	file with the
	Spencer Solomon			
	14443 Prunning W	ood Place		
	Winter Garden, FL	34787		2005 TAI
6. The name and (if changed):	d street address of the nev	v registered agent (i	if changed) and /or register	28 Z
	Spencer Solomon			— Fight R
	13350 W Colonial			PHIZ: 43 SEE, FLORIDI
	Winter Conden El	P.O. Box NOT ac	ceptable	En w
	Winter Garden, FL			
The street addre as changed will	ess of its registered offic be identical.	e and the street add	dress of the business offic	e of its registered agent,
Such change was authorized by the	as authorized by resoluti ne board, or the corporat	on duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	by an officer so ge.
Mark	e of an officer or director		Marilyn Bau	
I hereby accept I further agree to of my duties, an document is bei	the appointment as regi	isions of all statute I accept the obliga It a change in the r	igree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, I	ty, id complete performance istered agent. Or, if this I hereby confirm that the
Sign	nature of Registered Agent	<del></del>	8/5/C	9
If signing on be	half of an entity:			
T	yped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*