

NO10000002412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

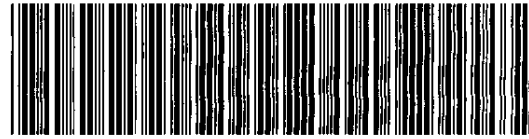
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
Tew's
11-24-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wekiva Ridge Oaks Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000002412

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:

Meridythe Kanaga
Name of Contact Person

Mark Management, Inc.
Firm/Company

2755 Border Lake Road, Suite 101
Address

Apopka, FL 32703
City/State and Zip Code

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

For further information concerning this matter, please call:

Meridythe Kanaga at (407) 862-2292 ext. 1004
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2010

MERIDYTHE KANAGA
MARK MANAGEMENT, INC.
2755 BORDER LAKE RD STE 101
APOPKA, FL 32703

SUBJECT: WEKIVA RIDGE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N01000002412

We have received your document for WEKIVA RIDGE 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):

The current name of the entity is as referenced above. Please correct 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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 510A00026526

RECEIVED
10 NOV 18 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corrected
11/16/10
MK

**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: Wekiva Ridge Homeowners' Association, Inc.
2. The principal office address: 2755 Border Lake Road, Suite 101
Apopka, FL 32703
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/2/01 Document number: N01000002412
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)

Maryam Dorri

214 Bronze Leaf Court

Apopka, FL 32703

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

Meridythe Kanaga


2755 Border Lake Road, Suite 101

P.O. Box NOT acceptable

Apopka, FL 32703

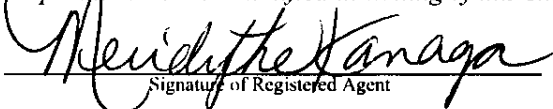
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Don Dingee
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

9/10/10
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)

FILED
2010 NOV 18 P 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA