

701 000005219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

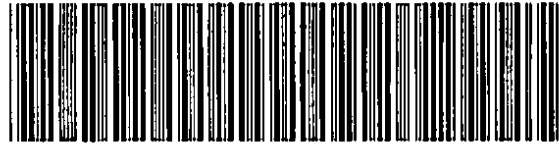
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Hampton Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 701.000005219

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:

Beth King
Name of Contact Person

Resource Property Mgmt.
Firm/Company

7300 Park Street
Address

Seminole, FL 33777
City/State and Zip Code

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

For further information concerning this matter, please call:

Beth King at (727) 796-5900 ext. 2133
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: West Hampton Homeowners' Association, Inc.

2. The principal office address: 7300 Park Street
Seminole, FL 33777

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/20/01 Document number: 001000005219

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)

Steve H. Meyer
1511 N Westshore Blvd, Ste 1000
Tampa, FL 33607

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

Rabin, Parker, Gurley, P.A.
28059 US Hwy 19 N, #301
P.O. Box NOT acceptable
Clearwater, FL 33761

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.

Delegated by
DPolo
7133425524410 Signature of an officer or director

Devon Polo
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.

Delegated by
Bennett Rabin, President on behalf of Rabin Parker Gurley, P.A.
70817730606406 Signature of Registered Agent

5/18/2022
Date

If signing on behalf of an entity:

Bennett Rabin, President on behalf of Rabin Parker Gurley, P.A.
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 (04/13)