## NOZOOOO302

(Requestor's Name)			
- (Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
,			

Office Use Only

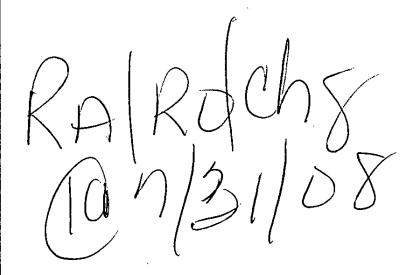


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08 JUL 31 PM 3: 2

SECRETARY OF STATE DIVISION OF CORPORATIONS



## COVER LETTER

Division of Corporations SUBJECT: Willoughby Cay Homeowners Association, Inc. (Name of Corporation) DOCUMENT NUMBER: N02000000302 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: For further information concerning this matter, please call: 772 287-1745 (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

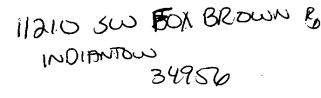
P.O. Box 6327

Tallahassee, FL 32314

CR2E045 (8/05)

TO:

Amendment Section



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2008

DEBORAH ROSS ROSS EARLE & BOBAN 759 S FEDERAL HWY #212 STUART, FL 34994

SUBJECT: WILLOUGHBY CAY HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N02000000302

We have received your document for WILLOUGHBY CAY 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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 008A00042369

SECRETARY OF STATE AND SECRIPS. FLORIDA

2008 JUL 31 AM 8: 00

BEBEINER

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617;2502, 607.1508, or 617.1508, Florida Stat inge is submitted for a corporation organized under the laws of the State of Flor or to change its registered office or registered agent, or both, in the State of Flor	orida
1. The name of t	the corporation: Willoughby Cay Homeowners Association, Inc.	
2. The principal	office address: 11210 SW FOX BROWN RD	
	INDIANTOWN, FL 34956	
3. The mailing a	ddress (if different): P.O. BOX 6018, STVART, FL 34	997
4. Date of incorp	poration/qualification: 01/16/2002 Document number: N0200000	00302
	d street address of the current registered agent and registered office on file with tement of State:	the
	Robinson, Connie	DN
	1988 Monroe Street	SECRE /ISIOH
	Stuart, FL 34997	SECRETARY OF COL
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Deborah Ross, Esquire	23 OF S
	759 S Federal Highway, Suite 212	
	(P.O. Box NOT acceptable)  Stuart, FL 34994	
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	egistered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so
Difie Signati	The Divie Glegger Printed or typed name and title	Pres
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comply all a familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby to be a familiar writing of this change.	ete performance ligent. Or, if this confirm that the
	chalf of an entity:	
	Typed or Printed Name)	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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