

No 20000006986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2008

ROGER STAFFORD  
ATTWOOD-PHYLLIPS INC  
385 DOUGLAS AVE STE 3000  
ALTAMONTE SPRINGS, FL 32714-3325

SUBJECT: MISSION PARK HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N02000006986

We have received your document for MISSION PARK 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend 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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 308A00060539

RECEIVED  
2009 JAN -7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MISSION PARK HOMEOWNERS ASSOCIATION, INC  
(Name of Corporation)

DOCUMENT NUMBER: W02000006986

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:

ROBERT STAFFORD

(Name of Contact Person)

ATWOOD-PHILLIPS, INC

(Firm/Company)

385 DOUGLAS AVENUE, SUITE 3000

(Address)

ALTAMUNDA SPRINGS, FL. 32714-3325

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT STAFFORD

(Name of Contact Person)

at

(407) 644-4500 x 245

(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: MISSION PARK HOMEOWNERS' ASSOCIATION, INC.  
2. The principal office address: 385 DOUGLAS AVE, SUITE 3000  
ARADAMING SPRINGS, FL. 32714  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 9/12/2002 Document number: 002000006986

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)

WEAVER & MALKOW PA  
646 E. LOCHWIL DRIVE  
ORLANDO, FL. 32803

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

WYMAN & ASSOCIATES PA  
300 S. ORANGE AVE, SUITE 1200  
(P.O. Box NOT acceptable)  
ORLANDO, FL. 32801

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.

Ronald R. Sieg  
(Signature of an officer or director)

RONALD R. SIEG, TREAS.  
(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]  
(Signature of Registered Agent)

12/14/08  
(Date)

If signing on behalf of an entity:

alkfjsaldkfi  
(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)