(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(В	ısiness Entity Na	me)
, (Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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CIVISION OF CORPORATIONS

RAROCHS 10 Jan 12

## **COVER LETTER**

**Division of Corporations** Highlands Creek Property Owners Association. Inc Name of Corporation N03000002807 DOCUMENT NUMBER: 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: Shirley C. Helveston Name of Contact Person **Highlands Creek POA** Firm/Company 6714 Highlands Creek Loop Address Lakeland FL 33813-1890 City/State and Zip Code shelveston@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shirley Helveston Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section **Mailing Address:** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Highlands Creek Property Owners Association, INC.
	office address: 6714 Highlands Creek Loop, Lakeland FL 33813-1890
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 27 March 2003 Document number: N0300002807
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Craig B. Hill, P.L.
	210 Woodward Street
	Lakeland FL 33803
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Shirley C. Helveston
	Shirley C. Helveston  6714 Highlands Creek Loop P.O. Box NOT acceptable  P.O. Box NOT acceptable
	more than the second of the se
	Lakeland FL 33813-1890
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agents be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
English	Erzsebet Romann Printed or typed name and title
I hereby accept I further agree t 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 complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specific provides the provided in writing of this change.
Shirle	Ley C. Helveston January 25, 2012  Auture of Registered Agent Date
If signing on be	half of an entity:
ту	yped 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)