

N030000006224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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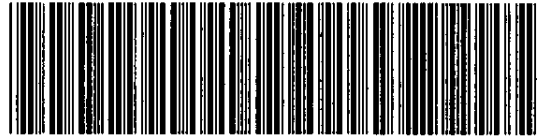
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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R.A.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIGHLAND OAKS PRESERVE HOMEOWNERS' ASS
Name of Corporation

DOCUMENT NUMBER: N0300000006224

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:

SHELI MORAN
Name of Contact Person

SEVERN TRENT SERVICES, INC.
Firm/Company

475 W TOWN PLACE, #200
Address

ST AUGUSTINE, FL 32092
City/State and Zip Code

SMORAN@SEVERNTRENTMS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELI MORAN at (904) 940-6044
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

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: HIGHLAND OAKS PRESERVE HOMEOWNERS' Association, Inc.
2. The principal office address: C/O SEVERN TRENT 475 W TOWN PLACE, #200
ST AUGUSTINE, FL 32092
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/21/03 Document number: N0300000006224
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)

DAN NEMETH

21148 LOS CABOS CT

LAND O LAKES, FL 34637

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

SEVERN TRENT SERVICES, INC.

475 W TOWN PLACE, #200

P.O. Box NOT acceptable

ST AUGUSTINE, FL 32092

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.

Jacquelyn M. Masters
Signature of an officer or director

Jacquelyn M. Masters, President
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.

Sheli Moran as agent
Signature of Registered Agent

11/19/09
Date

If signing on behalf of an entity:

SHELI MORAN

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

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