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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2007

SABAL AT WYNDTREE HOMEOWNERS ASSOCIATION, INC. % GOLDSTAR MANAGEMENT CO., INC. 2435 US 19 #270 HOLIDAY, FL 34691

SUBJECT: SABAL AT WYNDTREE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N03000007593

We have received your document for SABAL AT WYNDTREE 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):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please spell out (HOMEOWNERS ASSOCIATION) in the corporate name.

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: 107A00067773

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Division of Cornerations - P.O. ROY 6327 - Tallahassee Florida 3231



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2007

SABAL AT WYNDTREE HOMEOWNERS ASSOCIATION, INC. % GOLDSTAR MANAGEMENT CO., INC. 2435 US 19, #270 HOLIDAY, FL 34691

SUBJECT: SABAL AT WYNDTREE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N03000007593

We have received your document for SABAL AT WYNDTREE 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please provide the Date of Incorporation.

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: 107A00066071

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 FLOCIOA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sabal at wyndtree Harry low.
2. The principal office address: 60 Coldistor management Co, Inc
2435 US 19, #270, Holiday FL 34691
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/28/2003 Document number: NO3 0000 7563
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
None resigned
<u> </u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jatrey H. Olm
To Goldstor Management Co, Inc To
(P.O Box NOT acceptable)
2435 US 19 #270 Holiday FL 34691
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.
As She
((Signature of an officer or director)
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.
corporation has been notified in writing of this change.
11/5/07
(Signature of Registered Agent) (Date)
If stigning on behalf of an entity:
Jeffrey Ulm (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)