

No 3228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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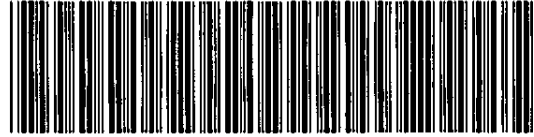
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 30 PM 4:21

C.L.
4-3-15

WOTITZKY, WOTITZKY, ROSS & McKINLEY, P.A.

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LEO WOTITZKY (1912 - 2005)

FRANK WOTITZKY (1916 - 2013)

March 25, 2015

Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Burnt Store Village Property Owner's Association, Inc.

Gentlemen:

Enclosed please find Cover Letter and Statement of Change of Registered Office or Agent form. Also enclosed is our check in the amount of \$35.00 as and for the filing fee.

Your assistance in these regards is appreciated.

Very truly yours,

WOTITZKY, WOTITZKY, ROSS & McKINLEY, P.A.


Edward L. Wotitzky

ELW/sjb
Enclosures

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ESTABLISHED 1940

PERSONAL INJURY • WRONGFUL DEATH • CIVIL LITIGATION • WAGE CLAIMS
WILLS, TRUSTS & ESTATE PLANNING • PROBATE • CORPORATION & BUSINESS LAW • CONSTRUCTION LAW • ZONING, LAND USE & ADMINISTRATIVE LAW
REAL ESTATE CLOSINGS • TITLE INSURANCE • REAL PROPERTY LAW • CONDOMINIUM & COMMUNITY ASSOCIATION LAW • DIVORCE, CUSTODY & FAMILY LAW

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Burnt Store Village Property Owner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N03228

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:

Edward L. Wotitzky, Esq.

Name of Contact Person

Wotitzky, Wotitzky, Ross & McKinley, P.A.

Firm/Company

223 Taylor Street

Address

Punta Gorda, FL 33950

City/State and Zip Code

ewotitzky@wotitzkylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward L. Wotitzky, Esq.

Name of Contact Person

at (941) 639-2171

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: Burnt Store Village Property Owner's Association, Inc.
2. The principal office address: 1107 West Marion Avenue - Suite 115, Punta Gorda, Florida 33950
3. The mailing address (if different): P. O. Box 512126, Punta Gorda, FL 33951
4. Date of incorporation/qualification: 05/22/1984 Document number: N03228
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)

David K. Oaks

407 East Marion Avenue - Suite 101

Punta Gorda, FL 33950

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

Edward L. Wotitzky, Esq.

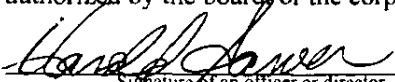
223 Taylor Street

P.O. Box NOT acceptable

Punta Gorda, FL 33950

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.


Signature of an officer or director

Harold Sarver, 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.


Signature of Registered Agent

3/23/2015
Date

If signing on behalf of an entity:

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 (03/12)

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DIVISION OF CORPORATIONS
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