

NO4000003236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP.

☐

WAIT

☐

MAIL

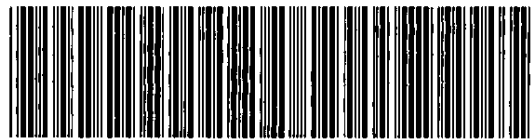
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200182933482

07/06/10--01022--027 **35.00

FILED
10 AUG -2 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA + 20 chg
006
8-12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2010

TAMARA A. TAYLOR
26760 SILVERADO EAST DR
BONITA SPRINGS, FL 34135

SUBJECT: SILVERADO EAST HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N04000003236

We have received your document for SILVERADO EAST 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 410A00016545

RECEIVED
JUL 8 2010
TALLAHASSEE, FL
DIVISION OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Silverado East Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO4000003236

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:

Tamara A. Taylor
Name of Contact Person

Firm/Company

26760 Silverado East Drive
Address

Bonita Springs, FL 34135
City/State and Zip Code

taylor80168@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara A. Taylor at (239) 200-9562
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: Silverado East Homeowners Association, Inc.
2. The principal office address: 26760 Silverado East Drive, Bonita Springs, FL 34135
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/26/04 Document number: NO4000003236
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)

Bonita Springs Area Housing Dev Corp

27499 Riverview Ctr, Ste 112

Bonita Springs, FL 34134

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

Tamara A. Taylor

26760 Silverado East Drive

P.O. Box NOT acceptable

Bonita Springs, FL 34135

10 AUG - 2 PM 12:01
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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] Tamara A. Taylor
Signature of an officer or director 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] 07/30/10
Signature of Registered Agent 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 (8/05)