N04000004488

(Red	uestor's Name)	
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(Add	ress)	<u></u>
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(Add	ress)	
(City	/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL.
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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10/19/06--01002--005 **10.00

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

RA Change 10/19/06 DC



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2006

DOUG SMITH RONWOOD REALTY, INC. 10250 NORMANDY BLVD., SUITE 702 JACKSONVILLE, FL 32221

SUBJECT: TROUT RIVER LANDING HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N04000004488

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$10.00.

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) 245-6906.

Letter Number: 406A00054661

Darlene Connell Document Specialist

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Trout River Landing HOA (Name of Corporation)						
DOCUMENT NUMBER: N04000004488						
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:						
Doug Smith (Name of Contact Person)						
Trout River Landing HOA (Firm/Company)						
10250 Normandy Blvd., Suite 702 (Address)						
Jacksonville, FL 32221 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Doug Smith at (904) 483-3300 (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

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S nge is submitted for a corporation organized under the laws of the State of _ r to change its registered office or registered agent, or both, in the State of F	Florida	this ——	
1. The name of t	he corporation:Trout River Landing Homeowners Association, Inc.			
	office address: 10250 Normandy Blvd., Suite 702, Jacksonville, FL 32221		<u>.</u>	
3. The mailing a	ddress (if different): (same)			. <u> </u>
4. Date of incorp	poration/qualification: 05/05/2004 Document number: N040000	004488	<u>-</u>	
	street address of the current registered agent and registered office on file wittment of State:	th the		
	Doug Smith			
	8323 Ramona Blvd.	- - Z.,	_	
	Jacksonville, FL 32221	ECRI	30 90	-
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered off	TARY (17 -	
	Doug Smith)F S] , FL(AH 9:	
	10250 Normandy Blvd., Suite 702	RIDA	26	
	(P.O. Box NOT acceptable) Jacksonville, FL 32221			
-	ss of its registered office and the street address of the business office of it be identical. Is authorized by resolution duly adopted by its board of directors or by an ite board, or the corporation has been notified in writing of the change.			ent,
- hum	L 0			<u></u> ১৯ ⁻
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, o comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registered in the registered office address, I herebeen notified in writing of this change.	•	rform Or, ij m thai	ance f this t the
If signing on be	half of an entity:			
Doug Smith	yped or Printed Name)		-	

* * * FILING FEE: \$35.00 * * *