

NO4000007447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

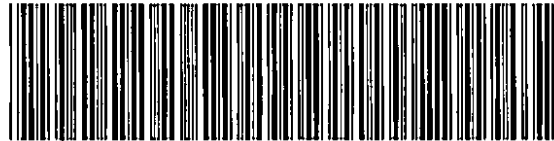
(Document Number)

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Spoke to Pam  
Daniel for correction  
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2019 JUN 10 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 14 2019

C Kinsey

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Camphor Cove Homeowners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N04000007447

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:

Pam Daniel

Name of Contact Person

CCHOA

Firm/Company

1519 Camphor Cove Dr

Address

Lutz FL 33549

City/State and Zip Code

ed2385@verizon.net

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

For further information concerning this matter, please call:

Pam Daniel

Name of Contact Person

at ( 678 ) 200-9693

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: Camphor Cove Homeowners Association, Inc.  
2. The principal office address: 1527 Camphor Cove Dr Lutz FL 33549

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 07/29/2004 Document number: N04000007447

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)

resigned Robert S Hubbs

3710 Swann Ave

Tampa FL 33609

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

Leo Paille

1527 Camphor Cove Dr

P.O. Box NOT acceptable

Lutz FL 33549

SECRETARY OF STATE  
TALLAHASSEE, FL

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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.

Leo F. Paille  
Signature of an officer or director

LEO F. PAILLE 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.*

Leo F. Paille  
Signature of Registered Agent

6-6-2019  
Date

If signing on behalf of an entity:

Camphor Cove Homeowners Assoc.  
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