

140440010859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

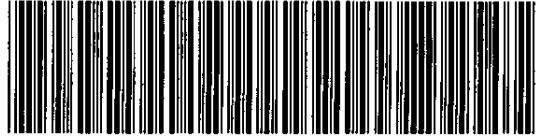
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

10-28-09



800162124768

10/26/09--01018--011 **35.00

FILED
2009 OCT 26 PM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
Change
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HERITAGE OAKS AT TRADITION HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000010859

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:

JAMES N. KRIVOK, ESQ.

(Name of Contact Person)

DICKER, KRIVOK & STOLOFF, P.A.

(Firm/Company)

1818 AUSTRALIAN AVE. SOUTH, SUITE 400

(Address)

WEST PALM BEACH, FLORIDA 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES N. KRIVOK

(Name of Contact Person)

561

615-0123

at (

(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: HERITAGE OAKS AT TRADITION HOMEOWNERS ASSOCIATION
2. The principal office address: 10612 S.W. GINGERMILL DRIVE
PORT ST. LUCIE, FLORIDA 34987
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/16/04 Document number: N04000010859
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)

NICOLE MACKENZIE

10612 S.W. GINGERMILL DRIVE

PORT ST. LUCIE, FL 34987

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

JAMES N. KRIVOK, ESQ.

DICKER, KRIVOK & STOLOFF, P.A.

1818 AUSTALIAN AVE. SOUTH, SUITE 400

(P.O. Box NOT acceptable)

WEST PALM BEACH, FL 33409

2009 OCT 26 PM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Nicole Mackenzie
(Signature of an officer or director)

Nicole Mackenzie 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.

James N. Krivok
(Signature of Registered Agent)

10-20-2009
(Date)

If signing on behalf of an entity:

DICKER, KRIVOK & STOLOFF, P.A.
(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