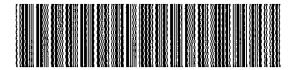
## N04000011589

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Certified Copies	Certificates of	Status
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DIVISION OF CORPORATION

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Turtle Rock Homeowners Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: N040000 11589
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:
Michael Solary (Name of Contact Person)
(Name of Contact Person)
Turtle Rock Homeowners Association, Inc. (Firm/Company)
4798 S. Florida Ave., #106 (Address)
Lakeland, FL 33813-2181 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Solary at (863) 646-6858  (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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2005

MICHAEL SOLARY 4798 S. FLORIDA AVE. #106 LAKELAND, FL 33813-2181

SUBJECT: TURTLE ROCK HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N04000011589

We have received your document for TURTLE ROCK HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6909.

Letter Number: 605A00070984

Velma Shepard Document Specialist Bog Dog &

## 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.
I. The name of the corporation: Turtle Rock Homeowners Association, Inc.
2. The principal office address: 4798 South Florida Ave., # 106
2. The principal office address: 4798 South Florida Ave., #106  Lakeland, FL 33813-2181
3. The mailing address (if different):
1/20/01/
4. Date of incorporation/qualification: 11/29/04 Document number: NO400011589
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Clarkson, Keith
Clarkson, Keith 120 Allamanda Drive
Lakeland, FL 33803
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4798 South Florida Ave. #106  (P.O. Box NOT acceptable)
Lakeland, FL 33813-2181 = 25
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.
(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 Ageny) 12/13/05 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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