

N04000011612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

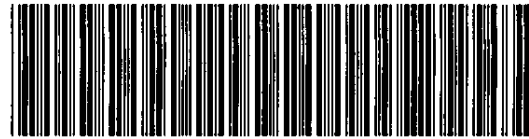
(Business Entity Name)

(Document Number)

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RA change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alexander Estates HOME OWNERS Association
Name of Corporation

DOCUMENT NUMBER: NO4000011612

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:

Lindsay H King
Name of Contact Person

Alexander Estates HOME OWNERS ASSOC.
Firm/Company

PO BOX 884
Address

Auburndale, FL 33823
City/State and Zip Code

lindsayking3@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy A. George at (863) 965-7678 or
Name of Contact Person Area Code & Daytime Telephone Number
cell 334-462-4094

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

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**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Alexander Estates Home Owners Assoc.
2. The principal office address: P.O. Box 884
Auburndale FL 33823
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/14/04 Document number: NO4000011612

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)

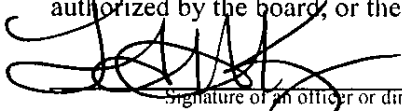
Peter Munson
500 S. Florida Ave. Ste 530
Lakeland FL 33801

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

PETER J. MUNSON
Clark Campbell Attorneys At Law (~~Peter~~ Munson)
500 S. Florida Ave. Ste 800
P.O. Box NOT acceptable
Lakeland FL 33801

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 of an officer or director

Lindsay H. King

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 Agent

12/23/13

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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