104753

(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:
Special instructions to Filling Officer.





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SECRETARY OF STATE ALLAHASSEE, FLORIDA 14 OCT 31 AM 4: 03

AND AND

(18 7) 18 7) II

COVER LETTER

TO: Am

Amendment Section Division of Corporations

CHARDONNAY HOMEOWNER'S ASSOCIATION, INC.

SUBJECT:

Name of Corporation

DOCUMENT NUMBER

N04753

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:

WAVEY BATES

Name of Contact Person

WETHERINGTON HAMILTON, P.A.

Firm/Company

1010 N. FLORIDA AVENUE

Address

TAMPA, FL 33602

City/State and Zip Code

waveyb@whhlaw.com

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

For further information concerning this matter, please call:

Wavey Bates

813 ,225-1918 ext 115

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

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: CHARDONNAY HOMEOWNER'S ASSOCIATION, INC.	_
2. The principal	l office address: 4131 GUNN HWY FL 33618	_
3. The mailing	address (if different):	_ _
4. Date of incor	poration/qualification: 08/17/1984 Document number: N04753	_
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	FOWLER WHITE BOGGS, P.A.	
	501 EAST KENNEDY BLVD., SUITE 1700	
	TAMPA, FL 33602	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office $\frac{\lambda}{S}$	FILE
	WETHERINGTON HAMILTON, P.A.	0
	1010 N. FLORIDA AVENUE	
	P.O. Box NOT acceptable TAMPA, FL 33602	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
blees	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. The result of the corporation has been notified in writing of the change. The result of the properties of all statutes are to act in this properties.	at
performance of agent. Or, if this hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sign	nature of Registered Agent Date	
If signing on bel	half of an entity:	
Wethering	gan Hamilton, P.A.	

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