

N05000001727

(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



400181465854

RA
Change

06/01/10--01033--010 **35.00

FILED
2010 JUN -1 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BoR
6/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Deerfield Lakes of Pasco County HOA
Name of Corporation

DOCUMENT NUMBER: 005000001727

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:

Kim Johnson
Name of Contact Person

Community Management Services, Inc
Firm/Company

5837 Trouble Creek Road
Address

New Port Richey FL 34652
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim Johnson at (727) 816-9900
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

7270

**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: Deerfield Lakes of Pasco County Homeowner's Association, Inc.
2. The principal office address: 5837 Trouble Creek Road
New Port Richey, FL 34652
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2-18-05 Document number: N05 000001727

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

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

Community Management Services, Inc
5837 Trouble Creek Road
P.O. Box NOT acceptable
New Port Richey, FL 34652

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.

Kathleen T. Meehan President Kathleen T. Meehan President
Signature of an officer or director 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.

Km Johnson
Signature of Registered Agent

5/25/10
Date

If signing on behalf of an entity:

Km Johnson
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

CR2E045 (8/05)