N05000008216

(Requestor	s Name)
(Address)	<u></u>
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	_
(Business E	Entity Name)
(Document	Number)
Certified CopiesC	ertificates of Status
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SECRETARY OF STATE TALL AHASSEE, FLORIDA

NOV 15 PH 2:55

RARDICHS

COVER LETTER

	ent Section of Corporations						
SUBJECT: DOE		ek Homeowners' me of Corporation	Association, Inc.				
DOCUMENT N	UMBER:	N05000008216	3				
The enclosed Stat	ement of Change of Registere	ed Office/Agent and fee	e are submitted for filing.				
Please return all c	orrespondence concerning thi	s matter to the following	ng:				
Patryk Ozim , Esquire							
	Nam	e of Contact Person					
		. 0 A i - t D A					
	Larsen	& Associates, P.A Firm/Company	•				
	300 S. Ora	nge Avenue, Suite	1200				
		Address					
	Orla City	ando, FL 32801 State and Zin Code					
	City/State and Zip Code						
	pozim@lars	senandassociates.c	com				
	E-mail address: (to be used for future annual report notification)						
For further inform	ation concerning this matter,	please call:					
	Patryk Ozim	at (407) 841-6555 de & Daytime Telephone Number				
Na	me of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a \$35.	00 check made payable to the	e Department of State.					
	Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Ame ions Divi Clift	et Address: endment Section sion of Corporations ton Building I Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607. ange is submitted for a corp er to change its registered o	ooration organize	d under the laws of the Sta	te of Florida	
1. The name of	the corporation: Doe Ru	ın at Deer C	reek Homeowners	' Association, Inc.	
2. The principal	office address: c/o Florid	da Associatior	Management, Inc.,		
16 W. Da	ckin Avenue, Kissimr	nee, FL 3474	1		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	8/11/2005	Document number:	N05000008216	
	d street address of the curre tment of State: (If resigned		at and registered office on f	ile with the	
	James R. Guerino				
	2858 Remington Gre	een Circle		•	
	Tallahassee, FL 323	308			
6. The name and (if changed):	d street address of the new i			ed office	SECRE
	Dollie Boyd c/o Flori	da Association	Management, Inc.		, (건)
	16 W. Dackin Avenu	P.O. Box NOT ac	nentahla		100 100 100 100 100 100 100 100 100 100
	Kissimmee, FL 3474		septable		
The street address changed will	ess of its registered office		dress of the business office	e of its registered agent,	RIOA
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	n duly adopted by n has been notifi	vits board of directors or led in writing of the chang	by an officer so e.	
Signatur	re of an other or director		Carlos LLGCA Printed or typed name	e and title	
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as regist to comply with the provisi d I am familiar with and c ng filed merely to reflect c been notified in writing c	ered agent and a ons of all statute, accept the obliga a change in the ro of this change.	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	v. d complete performance stered agent. Or, if this hereby confirm that the	
Sign	Lie Soyl	2	/0/31/	10	
If signing on be	half of an entity.				
	/// Poy O				

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