N05000008404

(Re	equestor's Name)	
(Ad	dress)	
bA)	dress)	,
(Cit	sy/State/Zip/Phone	e #)
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SECRETARY OF STATE

R.A

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JUL - 7 2010

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Ashton Park o	Ocoee Homeowners Association	
	Name of Corporation	
DOCUMENT NUMBER:	N05000008404	
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for file	ling.
Please return all correspondence conc	rning this matter to the following:	
	Spencer Solomon Name of Contact Person	
	Name of Contact Person	
So	thwest Property Management	
	Firm/Company	
13	50 West Colonial Dr Suite 330	
	Address	
	Winter Garden, FL 34787	
	City/State and Zip Code	
E-mail address:	swpmgmt@aol.com o be used for future annual report notification)	
For further information concerning th	matter, please call:	
Spencer Solomo		-1081
Name of Contact Person	Area Code & Daytime Telepl	hone Number
Enclosed is a \$35.00 check made paya	ole 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 cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floridange is submitted for a corporation organized under the laws of the State of Four to change its registered office or registered agent, or both, in the State of	f Florida	
	the corporation: Ashton Park of Ocoee Homeowners Assortice address: 13350 West Colonial Dr Suite 330, Winter Gard	1	_
3. The mailing a	address (if different): PO Box 783367, Winter Garden, FL 34778		_
4. Date of incorp	poration/qualification: 8/16/2005 Document number:	N05000008404	_
	d street address of the current registered agent and registered office on file vertment of State: (If resigned, enter resigned)	with the	
	Jack Hanson-RESIGNED		
	1600 WEST COLONIAL DR		
	ORLANDO FL 32804	2818 SE TALI	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	SECRETARY Office SALLAHASSE	***
	Spencer Solomon		1
	13350 West Colonial Dr Suite 330	AM ID: 5 OF STAF	فبر
	P.O. Box NOT acceptable		
	Winter Garden, FL 34787	_	
The street addre as changed will	ess of its registered office and the street address of the business office of be identical.	its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by a ne board, or the corporation has been notified in writing of the change.	an officer so	
Signatur	re of an officer or director Printed or typed name and	i title	
I hereby accept I further agree to offmy duties, an document is bei corporation has	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 cap tan familiar with and accept the obligation of my position as register and filed increase to reflect a change in the registered office address, I here been possibly in writing of this change.	omplete performance	
(/	half of an entity:		
T	yped or Printed Name		

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