

NO5 000009424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

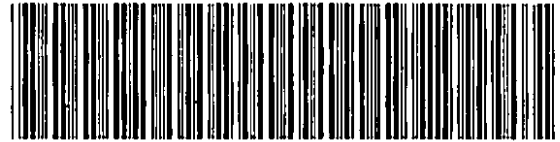
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000322869650

01/09/19--01004--006 **35.00

FILED
2019 JAN -9 PM 6:03
SECRETARY OF STATE
TALLAHASSEE, FL

1003
1003

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wingate of Vero Beach HOA Inc.
Name of Corporation

DOCUMENT NUMBER: N05000009424

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:

Tom Springs
Name of Contact Person

% Wingate HOA
Firm/Company

475 Wingate Terrace SW
Address

Vero Beach, FL 32968
City/State and Zip Code

TC5112455@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Springs at (305) 298-4429
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**

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: Wingate of Vero Beach HOA Inc.
2. The principal office address: 475 Wingate Terrace SW
Vero Beach, FL 32968
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 9/13/2005 Document number: NO5000009424
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)

Stringer, Rich
356 Concha Dr.
Sebastian, FL 32958

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

Tom Springs
475 Wingate Terrace SW
P.O. Box NOT acceptable
Vero Beach, FL 32968

2019 JAN -9 PM 6:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

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]
Signature of an officer or director

Avi Baron Director/President
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]
Signature of Registered Agent

1/3/19
Date

If signing on behalf of an entity:

Tom Springs
Typed or Printed Name

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