## NO5000010495

(R	lequestor's Name)	
(A	ddress)	
(A	.ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Wellington View Homeowners Association of Central Name of Corporation	
DOCUMENT NUMBER: N05000010495	
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:	
·	
Katie Campbell Name of Contact Person	
Creative Association Services	
Firm/Company	
2045 San Marcos Drive Address	
Addless	
Minton House Florida 22000	
Winter Haven, Florida 33880 City/State and Zip Code	
info@creativeassociations.com  E-mail address: (to be used for future annual report notification)	
E-man address. (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Katie Campbell at ( 863 ) 293.7400	
Name of Contact Person Area Code & Daytime Telephone Number	r
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
Amendment Section Amendment Section	
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $^{\prime\prime}$

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida in the State of Florida.
1. The name of	the corporation: Wellington View Homeowners Association of Central Floric
	office address: Creative Association Services  Marcos Drive, Winter Haven, Florida, 33880
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 10/11/2005 Document number: N05000010495
	I street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)
	Deanna Stanz
	1011 Wilder Road
	Lakeland, Florida 33809
6. The name and (if changed):	Lakeland, Florida 33809  Street address of the new registered agent (if changed) and /or registered office Creative Association Services  2045 San Marcos Drive  P.O. Box NOT acceptable
	Creative Association Services
	2045 San Marcos Drive P.O. Box NOT acceptable
	Winter Haven, Florida 33880
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
<u>Qen</u>	DeeDee Jones Printed or typed name and title
I hereby accept I further agree to of my 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 complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.    Date   Date
If signing on be	half of an entity:
	athleen Campbell yped or Printed Name
· .	, p =

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