

NO5000011713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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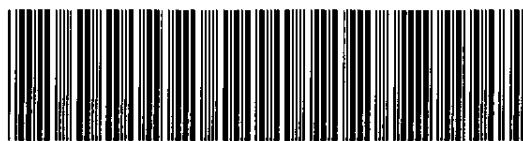
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B.A.

JBrown

11-1-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Windsor Falls Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000011713

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:

Carol A. Caughran, President, Board of Directors
Name of Contact Person

Windsor Falls Condominium Association, Inc.
Firm/Company

8189 Cabin Lake Circle
Address

Jacksonville, FL 32256-7592
City/State and Zip Code

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

For further information concerning this matter, please call:

Carol A. Caughran at (904) 412-1552
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: Windsor Falls Condominium Association, Inc.

2. The principal office address: 8189 Cabin Lake Circle, Jacksonville FL 32256-7592

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/18/2005 Document number: N05000011713

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)

Bonita F. Myers

8189 Cabin Lake Circle

Jacksonville, FL 32256

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

Michael J. McCabe

McCabe Law Group, P.A., 1400 Prudential Drive, Suite 5

P.O. Box NOT acceptable

Jacksonville, FL 32207-8177

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 of an officer or director

Carol A. Caughran, 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 of Registered Agent

10/27/11
Date

If signing on behalf of an entity:

Michael J. McCabe
Typed or Printed Name

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

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