

NO5000012717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

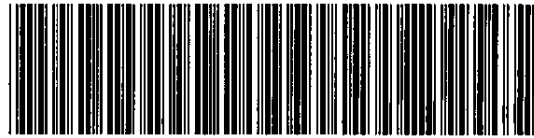
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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26  
10/18/07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WASHINGTON HEIGHTS VILLAS CONDOMINIUM ASSOCIATION INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000012717

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:

RAKESH SHARMA

(Name of Contact Person)

EPM SERVICES

(Firm/Company)

165 W. SR 434

(Address)

WINTER SPRINGS, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

RAKESH SHARMA

(Name of Contact Person)

at ( 407 ) 327-5824

(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



RECEIVED OCT 15 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2007

RAKESH SHARMA  
165 W S.R. 434  
WINTER SPRINGS, FL 32708

SUBJECT: WASHINGTON HEIGHTS VILLAS CONDOMINIUM ASSOCIATION  
INC.  
Ref. Number: N05000012717

We have received your document for WASHINGTON HEIGHTS VILLAS CONDOMINIUM ASSOCIATION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2007 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application or annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$236.25. Add an additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 607A00059155

RECEIVED  
2007 OCT 18 AM 8 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-16-2007  
per conversation w Tracy,  
may have crossed in  
mail - re submit form.

Karen Swingle  
EPM Services, Inc  
407.327.5824

**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: WASHINGTON HEIGHTS VILLAS CONDOMINIUM ASSOCIATION INC.
2. The principal office address: 165 W. SR 434, WINTER SPRINGS, FL 32708
3. The mailing address (if different): PO BOX 197043, WINTER SPRINGS, FL 32719-7043
4. Date of incorporation/qualification: 12/19/2005 Document number: N05000012717
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WAHL, HENRY H.

417 S SUMMERLIN AVE

ORLANDO FL 32801

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

EPM SERVICES

165 WEST STATE RD 434

(P.O. Box NOT acceptable)

WINTER SPRINGS, FL 32708

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

THOMAS SCHEITLINE  
(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)

09/24/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)