N05325

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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C. MUSTAIN

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Howell Harbor Estates Association

Name of Corporation

DOCUMENT NUMBER: NO5325

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:

Patrick H. Willis

Name of Contact Person

Law Office of Patrick H. Willis

Firm/Company

121 S. Orange Ave, Suite 1500

Address

Orlando, FL 32801

City/State and Zip Code

pwillis@pwillislaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Willis

_{at} (407)

903-9939

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



September 27, 2012

PATRICK H. WILLIS 121 S. ORANGE AVE., STE 1500 ORLANDO, FL 32801

SUBJECT: HOWELL HARBOR ESTATES ASSOCIATION, INC.

Ref. Number: N05325

We have received your document for HOWELL HARBOR ESTATES 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 412A00024124



October 25, 2012

HOWELL HARBOR ESTATES ASSOCIATION, INC. P.O. BOX 181153 CASSELBERRY, FL 32718-1153 US

SUBJECT: HOWELL HARBOR ESTATES ASSOCIATION, INC.

Ref. Number: N05325

Memo #: 01544-A

This letter is to inform you that your check number 548 for \$35.00, which was dated October 18, 2012 and submitted for HOWELL HARBOR ESTATES ASSOCIATION, INC. has been returned to us by your bank because of COUNTAINTED

We are notifying you because our records indicate that the paperwork for HOWELL HARBOR ESTATES ASSOCIATION, INC. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$50,000 as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation Attn: CAROLEMUSTIAN P.O. Box 6327 Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan Administrative Assistant II Bureau of Commercial Recording

Letter Number: 512A00026188

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Howell Harbor Estates Association	
2. The principal	Torrice address.	٠
<u> </u>	121 S. Oran Akne Joile 1500,0	7 6
3. The mailing a	address (if different): Same	<u> </u>
4. Date of incor	rporation/qualification: 9/24/84 Document number: N05325	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Robert L. Robey	
	1097 Howell Harbor Drive	
	Casselberry, FL 32707-5800	<u> </u>
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office-)
	Patrick H. Willis, Esq	
	121 S. Orange Ave, Suite 1500/North Tower	
	P.O. Box NOT acceptable	
	Orlando,FL 32801	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent ll be identical.	t,
	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signati	President Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I at the corporation has been notified in writing of this change.	
Sig	ignature of Registered Agent G Date	
If signing on be	ehalf of an entity:	
Patrick H. \	Willis	
	Typed or Printed Norma	

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