

NO 6 0000 10689

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOODMONT COMMUNITY ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N06000010689

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:

WANDA MILLER
Name of Contact Person

WOODMONT COMMUNITY ASSOCIATION INC
Firm/Company

10725 MEADOWLEA ^{Cir.} ~~DRIVE~~ W.
Address

JACKSONVILLE, FL 32218
City/State and Zip Code

✓ Wandadmillier@BellSouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

✓ Wanda D. Miller at (904) 766-1011
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WOODMONT COMMUNITY ASSOCIATION INC
2. The principal office address: 3239 MEADOWLEA CIRCLE N
JACKSONVILLE, FL 32218
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-12-2006 Document number: N06 000010689
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)

SUMPTER, ESTHER
3239 MEADOWLEA CIRCLE N.
JACKSONVILLE, FL. 32218

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

WANDA MILLER
10725 MEADOWLEA ^{CIR.} DRIVE W
P.O. Box NOT acceptable
JACKSONVILLE, FL. 32218

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.

✓ Wanda Miller
Signature of an officer or director

WANDA MILLER, PRES.
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.

✓ Wanda Miller
Signature of Registered Agent

3-5-2011
Date

If signing on behalf of an entity:

WOODMONT COMMUNITY ASSOCIATION, INC
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