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## GOLDEN OCALA COMMUNITY ASSOCIATION, INC. C/O HERITAGE MANAGEMENT CORP. P.O. BOX 2495 **OCALA, FL 34478** 352/369-9881

TO:

**Amendment Section** 

**Division of Corporations** 

P.O Box 6327

Tallahassee, FL 32314

SUBJECT: BRITTANY ESTATES AT GOLDEN OCALA HOMEOWNERS

ASSOCIATION, INC.

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:

> Marti Winfield, Community Association Manager c/o Heritage Management Corp.

P.O. Box 2495 Ocala, FL 34478

For further information concerning this matter, please call: Marti Winfield at 352/369-9881.

Enclosed is a \$35 check made payable to the Department of State.

Sincerely,

Marti Winfield

**Community Association Manager** 

MW:c Encl.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\begin{picture}(60,0) \put(0,0){\line(0,0){120}} \put(0,0){\li$

statement of chan	ge is submitted fo	or a corporation of	.0502, 607.1508, or 617. rganized under the laws gistered agent, or both,	of the State of <u>F</u>	lorida		_	
1. The name of th	e corporation:	Brittany E	states at Golden	Ocala Homeow	ners j	Assoc	iation,	Inc.
2. The principal o	ffice address:	2605 SW 33	rd Street, Suite	200				
		Ocala, FL	•				<u>_</u>	
3. The mailing ad	dress (if different	): P.O .Box 2	195		ALL	07		
		Ocala, FL	34478		<u>A</u> ∺	APR		
4. Date of incorpo	oration/qualificati	·	Document nur	mber: <u>N07000</u>	26098	7 <del>ω</del>	<del></del>	
	street address of t		red agent and registered of		(7)	PH 3:	J	
	CT Corpora	ation System			RIC	$\omega$	_	
-	1200 South	n Pine Island	i Road		A		Ø	
-	Plantation	n, FL 33324						
(if changed):	Kenneth K	irkpatrick	agent (if changed) and /		,			
-	2605 SW 3.	3rd Street (P.O. Box NOT acce	ntable)	<del></del>				
	Ocala, FL	•	<b>,</b>					
The street addres as changed will be			treet address of the busi	ness office of its	register	ed age	nt,	
-			opted by its board of di on notified in writing of					
Luk. R	e or an officer or direct		Insent B	Donnelly d or typed name and title	10/	, ,	br	
I further agree to of my duties, and document is bein	o comply with the I I am familiar w Ig filed merely to	e provisions of all	nt and agree to act in th I statutes relative to the e obligation of my posit in the registered office ange	proper and comp	lete pei agent. confiri	rforma Or, if i n that	nce this the	
X Man	padde of Registered As	gent)	3/27/07	(Date)			_	
If signing on beh		- ,		•				
(T)	ped or Printed Name)							

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