

N 07000004964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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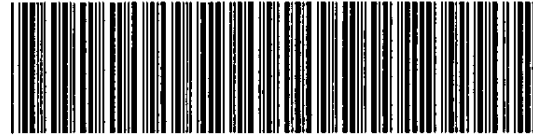
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Scottsmoor Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N07000004964

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:

Rose McGinnis

Name of Contact Person

Scottsmoor Community Association, Inc.

Firm/Company

PO Box 657

Address

Scottsmoor, FL 32775

City/State and Zip Code

scottsmoorcommunityassociation@gmail.com

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

For further information concerning this matter, please call:

Rose McGinnis

Name of Contact Person

at (321) 446-3093

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2017

ROSE MCGINNIS
P.O. BOX 657
SCOTTSMOOR, FL 32775

SUBJECT: SCOTTSMOOR COMMUNITY ASSOCIATION, INC.
Ref. Number: N07000004964

We have received your document for SCOTTSMOOR COMMUNITY 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 117A00005905

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: Scottsmoor Community Association, Inc.
2. The principal office address: Scottsmoor Meeting Hall
3724 Magoon Avenue, Scottsmoor, FL 32754
3. The mailing address (if different): PO Box 657, Scottsmoor, FL 32775
4. Date of incorporation/qualification: 5/17/2007 Document number: N07000004964

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)

Robert L. Bird

6065 Magnolia Street

Mims, FL 32754

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

Brittney Trigg

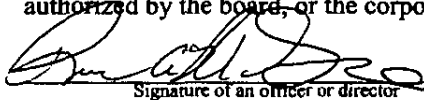
3343 Port Royale Dr. S. #435

P.O. Box NOT acceptable

Fort Lauderdale, FL 33308

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

Rose McGinnis/ 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

3/23/2017

Date

If signing on behalf of an entity:

Brittney Trigg

Typed or Printed Name

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