

0700006494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

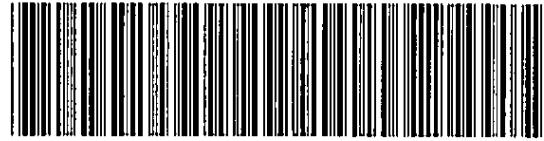
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/18--01001--010 **35.00

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OCT 31 2018

FILED
18 OCT 29 AM 11:28
2018 OCT 29 11:28 AM
2018 OCT 29 11:28 AM

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OCT 22 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2018

TANISHA SCHROEDER
STAMBAUGH, INC.
500 ORCHARD SPRINGS DRIVE
WINTER HAVEN, FL 33884

SUBJECT: HAMPTON COVE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N07000006494

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 418A00021112

RECEIVED

2018 OCT 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAMPTON COVE HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N07000006494

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:

TANISHA SCHROEDER
Name of Contact Person

STAMBAUGH, INC.
Firm/Company

500 ORCHID SPRINGS DRIVE
Address

WINTER HAVEN, FL 33884
City/State and Zip Code

STAMBAUGHINC@VERIZON.NET ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TANISHA SCHROEDER at (863) 324-5100
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HAMPTON COVE HOMEOWNER'S ASSOCIATION, INC.
2. The principal office address: 500 ORCHID SPRINGS DRIVE WINTER HAVEN, FL 33884
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/28/2007 Document number: N07000006494
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)

RESIGNED

Ferdinandson Enterprises, Inc.
801 N. Main St. Kissimmee, FL 34744

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

STAMBAUGH, INC.

500 ORCHID SPRINGS DRIVE

P.O. Box NOT acceptable

WINTER HAVEN, FL 33884

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.

Robert D. Jolin
Signature of an officer or director

ROBERT D. JOLIN
Printed or typed name and title

Treasurer

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]
Signature of Registered Agent

10/2/18
Date

If signing on behalf of an entity:

Tanisha Schroeder
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