

N07294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2008

Mary R. Harvey, Esquire  
c/o 1850 SW Fountainview Blvd.  
Suite 207  
Port St. Lucie, FL 34986

SUBJECT: WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC.  
Ref. Number: N07294

We have received your document for WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 508A00047554

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Whippoorwill Run Townhouses Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N07294

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:

Mary H. Harvey, Esquire  
(Name of Contact Person)

Sachs Sax Caplan  
(Firm/Company)

1850 SW Fountianview Blvd , Suite 207  
(Address)

Port St. Lucie, Florida 34986  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary R. Harvey, Esquire at ( 772 ) 871-8020  
(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: Whippoorwill Run Townhouses Association, Inc
2. The principal office address: 3009 Bent Pine DR.  
Fort Pierce, Florida 34954
3. The mailing address (if different): PO Box 593  
Fort Pierce, FL 34954
4. Date of incorporation/qualification: 01/24/1985 Document number: N07294
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michelle Turner  
4007 N. A1A  
Fort Pierce, FL 34949

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

Mary R. HARVEY, Esquire  
c/o SACHS SAX Captain  
1850 SW Fountain View Blvd, Suite 207  
(P.O. Box NOT acceptable)  
Port St. Lucie, FL 34986

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.

Ivan W. Weaver Pres.  
(Signature of an officer or director)

IVAN W. WEAVER 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.

Mary R. Harvey  
(Signature of Registered Agent)

8/19/08  
(Date)

If signing on behalf of an entity:

MARY R. HARVEY  
(Typed or Printed Name)

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

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TALLAHASSEE, FLORIDA