

N 09000005823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

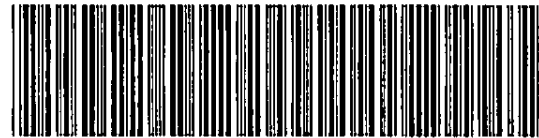
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S TALLENT  
FEB 09 2018

FILED  
18 FEB -8 AM 9:43  
COST COUNTY CLERK  
JAN 21 2018

RIA-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2018

PATRICIA A. MALLARD  
DUVAL REALTY, INC.  
2980 HARTLEY ROAD, SUITE 2  
JACKSONVILLE, FL 32257

SUBJECT: WESTON COMMUNITY HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N09000005023

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):

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

PLEASE PLACE A DATE ON THE FORM.

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: 318A00000606

RECEIVED  
18 FEB -8 AM 11:56  
REGISTRATION DIVISION  
12/11/2018

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Weston Community Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N09000005023

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:

Patricia A. Mallard  
Name of Contact Person

Duval Realty, Inc.  
Firm/Company

2980 Hartley Road, Suite 2  
Address

Jacksonville, FL 32257  
City/State and Zip Code

Accounting@DuvalRealtyInc.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia A. Mallard at ( 904 ) 367-1818  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Weston Community Homeowners Association, Inc.
2. The principal office address: 2980 Hartley Road, Suite 2  
Jacksonville, FL 32257
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2009 5/20/2009 Document number: N09000005023
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)

Elim Services, Inc.

1015 Atlantic Boulevard, Suite 274

Atlantic Beach, FL 32233

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

Duval Realty, Inc.

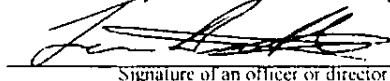
2980 Hartley Road, Suite 2

P.O. Box NOT acceptable

Jacksonville, FL 32257

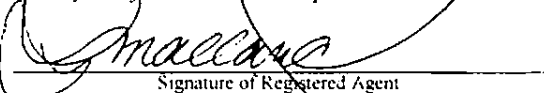
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Leon Brunkhorst 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

Patricia A. Mallard  
Date

01/18/2018

If signing on behalf of an entity:

Duval Realty, 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

FILED  
18 FEB -8 AM 9:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE