

N12287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

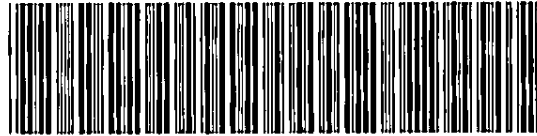
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FEB 08 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SW CONDOMINIUM ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N12287

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:

GAIL HELMS
Name of Contact Person

SW CONDOMINIUM ASSOCIATION, INC
Firm/Company

117 ANTON CT.
Address

HOMOSASSA, FL 34446
City/State and Zip Code

E-mail address: (to be used for future annual report notification) springwoodcondoassoc@gmail.com

For further information concerning this matter, please call:

GAIL HELMS at (352) 382-1063
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: SW CONDOMINIUM ASSOCIATION, INC
2. The principal office address: 117 ANTON CT.
HOMOSASSA, FL 34446
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11-26-85 Document number: N12287
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)

CATHERINE McHUGH

115 ANTON CT.

HOMOSASSA, FL 34446

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

GAIL HELMS

117 ANTON CT.

P.O. Box NOT acceptable

HOMOSASSA, FL 34446

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.

Gail Helms
Signature of an officer or director

GAIL HELMS SECRETARY
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.

Gail Helms
Signature of Registered Agent

1-1-20
Date

If signing on behalf of an entity:

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
CR2E045 (04/13)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA