

N12993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

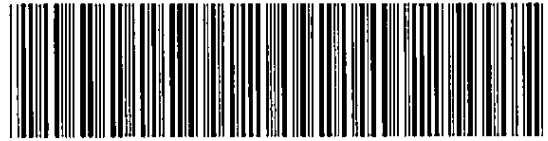
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/01/23--01025--002 **35.00

2023 FEB - 1 PM 1:30

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A FILLER

APR - 6 2023



CT Corporation
28 Liberty St.
New York, NY 10005

Phone (212) 894 8940
www.ct.wolterskluwer.com
www.wolterskluwer.com

January 30, 2023

Department of State - Division of Corporations
Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: ISLEWORTH COMMUNITY ASSOCIATION, INC.

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named company. Please be advised that the agent for service of process has been changed to:
C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed is our check for \$35.00 to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer
Agent Services Division
marie.hauer@wolterskluwer.com

Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISLEWORTH COMMUNITY ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N12993

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:

Marie Hauer

Name of Contact Person

C T Corporation System

Firm/Company

28 Liberty St.

Address

New York, NY 10005

City/State and Zip Code

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

For further information concerning this matter, please call:

Marie Hauer

Name of Contact Person

at (212) 894-8940

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: ISLEWORTH COMMUNITY ASSOCIATION, INC.
2. The principal office address: 9350 CONROY WINDERMERE ROAD, WINDERMERE, FL 34786
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/16/1986 Document number: N12993
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)

CORPDIRECT AGENTS

1200 South Pine Island Road

Plantation, FL 33324

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

C T Corporation System

1200 South Pine Island Road

P O Box NOT acceptable

Plantation, Florida 33324

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.

David M. Thomas
Signature of an officer or director

DAVID M. THOMAS
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.

C T Corporation System

By:

[Signature]

Signature of Registered Agent

1/30/23

Date

If signing on behalf of an entity:

CT CORPORATION SYSTEM

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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