

N/3839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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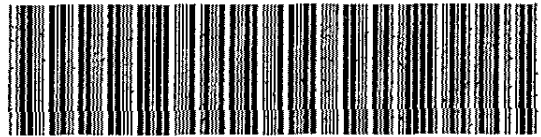
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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R.A. Charge
HFS
8-31-04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Springtree West Cove Homeowners Association, Inc
(Name of corporation)

DOCUMENT NUMBER: N13839

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:

Kathy Sigmon
(Name of contact person)

Springtree West Cove Homeowners Association
(Firm/Company) Inc,

3785 NW 91st Lane
(Address)

Sunrise FL 33351
(City/state and zip code)

For further information concerning this matter, please call:

Kathy Sigmon at (954) 319-4265
(Name of contact person) (Area code & daytime telephone number)
(954) 741-2560

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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Springtree West Cove Homeowners Association Inc
2. The principal office address: 3785 NW 91st Lane
Sunrise FL 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/14/1986 Document number: N13839
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Sandra Ciano
3591 NW 91st Lane
Sunrise FL 33351

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

Kathy Sigmon
3639 NW 91st Lane
(P.O. Box NOT acceptable)
Sunrise FL 33351

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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.

George Klement
(Signature of an officer or director)

President / Director
(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.

Kathy Sigmon
(Signature of Registered Agent)

8/15/2004
(Date)

If signing on behalf of an entity:

Kathy Sigmon
(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