

NI 4591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

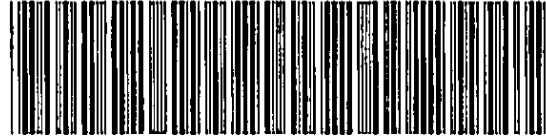
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

611

Office Use Only



200301754732

07/21/17--01008--023 ++35.00

FILED
17 AUG 25 AM 12:25
TALLAHASSEE, FLORIDA

AUG 3 0 2017

SS. YOUNG

BECKER &
POLIAKOFF

Elizabeth A. Lanham-Patrie, Esq.
Senior Attorney
Phone: (407) 875-0955 Fax: (407) 999-2209
bpatrie@bplegal.com

111 N. Orange Avenue
Suite 1400
Orlando, Florida 32801

July 24, 2017

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: INDIAN WELLS OSCEOLA COUNTY HOMEOWNERS' ASSOCIATION, INC.
Document No. **N14591**

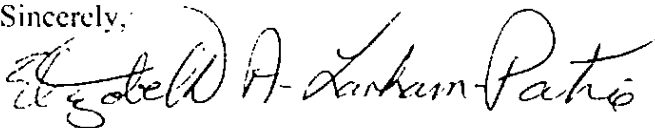
Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with my client's Check #2535 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

If you would be so kind as to process the attached Change of Registered Agent as soon as possible, it would be greatly appreciated.

Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,



Elizabeth A. Lanham-Patrie

ELP/ks

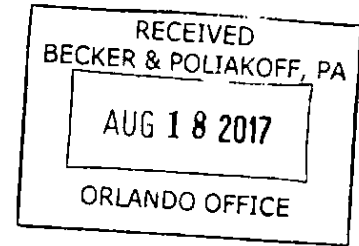
Enclosures – as stated above

ACTIVE: 108177/226364:9964643_1_BPATRIE

FILED
17 AUG 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations



August 9, 2017

ELIZABETH A LANHAM-PATRIE, ESQ
BECKER & POLIAKOFF
111 N ORANGE AVENUE STE 1400
ORLANDO, FL 32801

SUBJECT INDIAN WELLS OSCEOLA COUNTY HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: *N14591*

We have received your document for INDIAN WELLS HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 517A00015731

RECEIVED
17 AUG 25 2017
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Indian Wells Osceola County Homeowners' Association, Inc.

2. The principal office address: 3101 Polynesian Isles, Kissimmee, FL 34746

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/25/86 Document number: N14591

5. The name and street address of the current registered agent and registered office on file with the

John Calhoun

3101 Polynesian Isles

Kissimmee, FL 34746

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

Becker & Pollakoff, P.A.

111 N. Orange Ave., Suite 1400

P.O. Box NOT acceptable

Orlando, FL 32801

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.

Jeannette Stancil-Curren
Signature of an officer or director

JEANNETTE STANCIL-CURREN 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.

Elizabeth A. Lanham-Petrie
Signature of Registered Agent

8/25/17
Date

If signing on behalf of an entity:

Elizabeth A. Lanham-Petrie
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 (03/12)

FILED
17 AUG 25 PM 12:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE