

N150000000115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2015 JUL 20 AM 9:39

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JUL 21 2015
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Windchase at Watergrass Villa Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N15000000415

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:

Tri Morocco
Name of Contact Person

The Melrose Management Partnership
Firm/Company

3527 Palm Harbor Blvd.
Address

Palm Harbor, FL, 34683
City/State and Zip Code

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

For further information concerning this matter, please call:

Tri Morocco at 813, 918-1364
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
JUN 19 2015
PALM HARBOR

June 12, 2015

TRI MOROCCO
THE MELROSE MANGEMENT PARTNERSHIP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

SUBJECT: WINDCHASE AT WATERGRASS VILLA ASSOCIATION, INC.
Ref. Number: N15000000115

We have received your document for WINDCHASE AT WATERGRASS VILLA 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 115A00012393

RECEIVED
15 JUL 20 AM 8:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314

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: Windchase at Watergrass Villa Association, Inc.
2. The principal office address: 3527 Palm Harbor Blvd., Palm Harbor, FL 34683
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/5/15 Document number: N15000000115

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)

D.R. Horton, Inc.
12602 Telecom Drive
Tampa, FL 33637 - resigned

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

Jack B. Hanson
3527 Palm Harbor Blvd.
P.O. Box NOT acceptable
Palm Harbor, FL 34683

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.

Maha Kumar
Signature of an officer or director

SECRETARY/TREASURER
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]
Signature of Registered Agent

5/19/2015
Date

If signing on behalf of an entity:

Jack B. Hanson
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)

2015 JUL 20 AM 9:39