

119437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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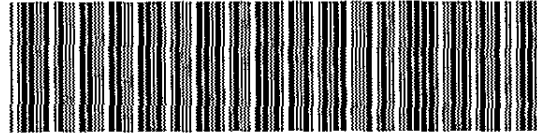
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WINTER WOODS PROFESSIONAL CENTER ASSOCIATION INC.
(Name of Corporation)

DOCUMENT NUMBER: N19437

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALD W MCKINNEY

(Name of Person)

21ST CENTURY FINANCIAL INC

(Name of Firm/Company)

PO BOX 830598

(Address)

OCALA FL 34483-0598

(City/State and Zip Code)

For further information concerning this matter, please call:

TWILA B KOON

(Name of Person)

at (352) 622-2580

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WINTER WOODS PROFESSIONAL CENTER ASSOCIATION INC.
2. The principal office address: 2760 SE 17TH ST, SUITE 102
OCALA FL 34471
3. The mailing address (if different): 490 HILLSBOROUGH LN
PALM HARBOR FL 34683
4. Date of incorporation/qualification: 02/26/1987 Document number: N19437
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DANIEL E GLEICHOWSKI

490 HILLSBOROUGH ST

PALM HARBOR FL 34683

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- | | |
|--------------------------|-----------------------------------|
| AGENT: | PRINCIPAL OFFICE ADDRESS: |
| <u>GERALD W MCKINNEY</u> | <u>2760 SE 17TH ST, SUITE 200</u> |
| <u>89 NE 56TH TERR</u> | <u>OCALA FL 34471</u> |
| (P.O.Box NOT acceptable) | |
| <u>OCALA FL 34470</u> | |

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.

(Signature of an officer or director)

DANIEL E GLEICHOWSKI 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.

(Signature of Registered Agent)

GERALD W MCKINNEY

If signing on behalf of an entity:

Gerald W. McKinney
(Typed or Printed Name)

October 11, 2006
(Date)

*** 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 (8/05)

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