

N20960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

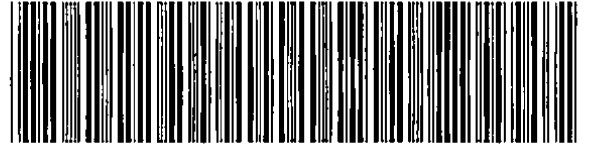
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

Office Use Only



300331656453

FILED
19 JUL 31 PM 4:20
TALLAHASSEE, FLORIDA

JUL 31 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2019

JOHN J ENGLISH SR
PARK FOREST PHASE 1 OWNERS ASSOCIATION
323 INDIAN RIVER LANE #5
ENGLEWOOD, FL 34223

SUBJECT: PARK FOREST, PHASE I, OWNERS ASSOCIATION, INC.
Ref. Number: N20960

We have received your document for PARK FOREST, PHASE I, OWNERS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 719A00014822

2019 JUL 31 AM 11:12

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Park Forest, Phase I, Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N20960

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:

John J English Sr
Name of Contact Person

Park Forest Phase I Owners Assoc.
Firm/Company

323 Indian River Lane # 5
Address

Englewood FL 34223
City/State and Zip Code

Johnsr.english@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Boalmetis, Treas. at (401) 573-1097
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

**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: Park Forest, Phase I, Owners Association, Inc.
2. The principal office address: 323 Indian River Lane, Suite 8, Englewood, FL 34223
3. The mailing address (if different): 323 Indian River Lane, Box 5, Englewood, FL 34223

4. Date of incorporation/qualification: 06/03/1987 Document number: N20960
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)

Becker & Poliakoff, P.A.

6230 University Parkway STE 201

Sarasota, FL 34240

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

Becker & Poliakoff, P.A.

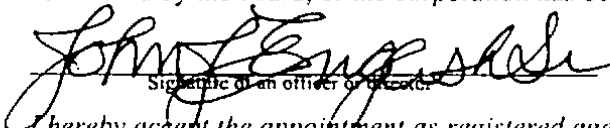
1819 Main Street, Suite 905

P.O. Box NOT acceptable

Sarasota, FL 34236

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

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

6/26/19

Date

If signing on behalf of an entity:

Kevin L. Edwards, Esq.

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
19 JUL 31 PM 4:20
TALLAHASSEE, FLORIDA