

N22085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

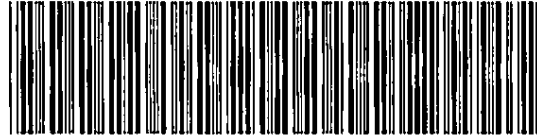
Special Instructions to Filing Officer:

Patricia Dunbar
Advised to make
All corrections

11.28.18

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Office Use Only



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2018 NOV 28 AM 10:02
SECURITY
FALL ARREST

RA/RD/chg

NOV 28 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YORK HILL PROPERTY OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N22085

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:

PATRICIA DUNBAR

Name of Contact Person

YORK HILL PROPERTY OWNERS ASSOCIATION, INC.

Firm/Company

PO BOX 770112

Address

OCALA, FL 34477

City/State and Zip Code

TRISH_OLSSON@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA DUNBAR

Name of Contact Person

at (615) 618-4446

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

November 21, 2018

PATRICIA DUNBAR
YORK HILL PROPERTY OWNERS
P.O. BOX 770112
OCALA, FL 34477

SUBJECT: YORK HILL PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N22085

We have received your document for YORK HILL PROPERTY 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 018A00023987

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: YORK HILL PROPERTY OWNERS ASSOCIATION, INC.
2. The principal office address: 865 SW 89th Terrace
Ocala, FL 34481
3. The mailing address (if different): P.O. Box 770112
Ocala, FL 34477
4. Date of incorporation/qualification: 09/04/1987 Document number: N22085
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)

DAVID BARTON

8912 SW 8TH ST

OCALA, FL 34481

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

PATRICIA DUNBAR

865 SW 89TH TERRACE

P.O. Box NOT acceptable

OCALA, FL 34481

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.

Angel Lema
Signature of an officer or director

Angela Lema Secretary
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.

Patricia Dunbar
Signature of Registered Agent

11/10/18
Date

If signing on behalf of an entity:

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)