

N25131

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(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crystal Oaks Civic Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N 25131

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:

Charles D. Allen  
Name of Contact Person

Firm/Company

173 N Skyflower Point  
Address

Lecanto, FL 34461  
City/State and Zip Code

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

For further information concerning this matter, please call:

Charles D. Allen at ( 352 ) 513-4384  
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: Crystal Oaks Civic Association, Inc.
2. The principal office address: 4958 W Crystal Oaks Dr.  
Lecanto, FL 34461
3. The mailing address (if different): Crystal Oaks Civic Association  
P.O. Box 287 Lecanto, FL 34460
4. Date of incorporation/qualification: 03/01/1988 Document number: N 25131
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)

Daniel F. Pilka  
c/o Pilka and Associates, P.A.  
213 Providence Road Brandon, FL 33511-4707

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

Charles D. Allen  
173 N Skyflower Point  
P.O. Box NOT acceptable  
Lecanto, FL 34461

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TALLAHASSEE, FL  
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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.

Harold H. Hemmerling  
Signature of an officer or director

Harold H. Hemmerling President COCA  
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.*

Charles D. Allen  
Signature of Registered Agent

1/30/2017  
Date

If signing on behalf of an entity:

Charles D. Allen  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*