· N27579

(Re	questor's Name)				
(Ad	dress)	<u>.</u>			
bA)	dress)				
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL.			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
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SECRETARY OF STATE

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September 19, 2011

KIRK SNYDER 8627 ASHBURY PARK ORLANDO, FL 32818

SUBJECT: WESTOVER HILLS HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N27579

We have received your document for WESTOVER HILLS HOMEOWNERS' 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

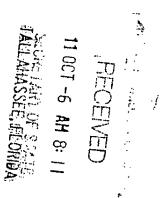
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 611A00021621



COVER LETTER

TO:	Amendme Division o	nt Section f Corporations			
SUBJ	ECT:	Westover Hi	Ils Homeowners Name of Corporati		<u>'</u>
DOC	JMENT NU	MBER:	N2757	79	
The en	closed State	ment of Change of Re		and fee are subm	itted for filing.
Please	return all co	rrespondence concern	ing this matter to the	following:	
			Kirk Snyder Name of Contact Pe		
			Name of Contact Pe	rson	
			Firm/Company		
			8627 Ashbury P Address	ark	
			11001000		
			Orlando, FL 328	118	
			City/State and Zip C	ode	
		kii	rk.snyder@hotmai	I.com	,
	_	E-mail address: (to	be used for future ar	nnual report not	ification)
For fu	ther informa	ition concerning this n	natter, please call:		
		Kirk Snyder	•	407	517.0450
	Nar	ne of Contact Person	at (rea Code & Dayt	517-9450 time Telephone Number
Enclos	ed is a \$35.0	0 check made payable	e to the Department of	State.	
		Mailing Address Amendment Se Division of Col P.O. Box 6327 Tallahassee, FI	ction rporations	Street Address Amendment S Division of C Clifton Build 2661 Executive Tallahassee, I	Section orporations ing ve Center Circle

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	ange is submitted for a cor	poration organized	507.1508, or 617.1508, Flor d under the laws of the State	of Florida
		•	d agent, or both, in the State	
		ver Hills Ho	MEDWNERS' A	ssociation, the
2. The principal	office address	A 0460	// (<u> </u>
3. The mailing a	address (if different):	CONRAY	WINDERMERE	32835
-4. Date of incor	poration/qualification:	7-25-88	Document-number:	. N27579
	d street address of the currertment of State: (If resigne		t and registered office on fil	e with the
	RESIGNED		-	
				100
				ASSE
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or registered	office FLOR
	Kirk Snyder			ADE O
		8815 C	ONROY WINDER	en ere Ro.
		P.O. Box NOT acc		
	Orlando, FL	52005		
The street address changed will	ess of its registered office I be identical.	and the street add	Iress of the business office	of its registered agent,
Such change wanthorized by the	as authorized by resolution board, or the corporation	n duly adopted by on has been notifi	its board of directors or bed in writing of the change	y an officer so
Signatu	re of an officer or director		KIRK SN Printed or typed name	
of my duties, and document is bei	the appointment as regis to comply with the provis ad I am familiar with and ing filed merely to reflect s been notified in writing	ions of all statutes accept the obligat a change in the re	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I h	complete performance tered agent. Or, if this tereby confirm that the
1am			9/1/11	
slg	mature of Registered Agent		Date	· · · · · · · · · · · · · · · · · · ·
If signing on be	chall of an entity:			
т	Kirk Snyder Typed or Printed Name			

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