## N27589

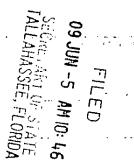
| (Requestor's Name)  (Address)           |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| •                                       |  |  |  |  |
|   |  |  |  |  |
| /A-1                                    |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (Only/Otale/2/p) Hone Hy                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| :                                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| ;<br>;                                  |  |  |  |  |
| - 1                                     |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |
| 1                                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| ·                                       |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



900156776379

06/05/09--01011--003 \*\*35.00



persper

## **COVER LETTER**

Division of Corporations SUBJECT: MASON OAKS HOMEOWNER'S ASSOCIATION, INC Name of Corporation N27589 DOCUMENT NUMBER: 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: <u>RICHARD R. KOSAN, ESQ.</u> Name of Contact Person LAW OFFICE OF RICHARD R. KOSAN Firm/Company 112 W. WINDHORST RD. Address VALRICO, FL 33510 City/State and Zip Code Karennamyak@verizon.net JEPPREY.AMES@VERIZON.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICHARD R. KOSAN, ESQ. 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 Street Address: Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

## • STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH POR CORPORATIONS

2 . . 3

| statement of cha          | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta<br>inge is submitted for a corporation organized under the laws of the State of FL<br>r to change its registered office or registered agent, or both, in the State of Flor   | ORIDA           | _           |
|---------------------------|--|-----------------|-------------|
| i. The name of t          | the corporation; MASON OAKS HOMEOWNER'S ASSOCIATION AND ASSOCIATION ASSOCI | ATION, II       | NC.         |
| 3. The mailing at         | ddress (if different):   |                 |             |
| 4. Date of incorp         | oration/qualification: 7/26/1988 Document number.  | N27 <b>58</b> 9 | 1,60        |
|                           | street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)   | he he           | 3- MIT      |
|                           | MICHAEL J. MCDERMOTT   |                 | AH          |
|                           | 791 LUMSDEN ROAD #1  | ELOF<br>ELOF    | ë           |
|                           | BRANDON, FL 33511  | AON A           | 46          |
| (if changed):             | street address of the new registered agent (if changed) and /or registered office  |                 |             |
| •                         | 112 W. WINDHORST RD. The UNE Section with the  | •               |             |
|                           | P.O. Box. NOT acceptable VALRICO, FL 33510   |                 |             |
| ~                         | s of its registered office and the street address of the business office of its receidentical.  suthorized by resolution duly adopted by its board of directors or by an off board, or the corporation has been notified in writing of the change.   |                 | mt,         |
| apr m                     | Ome Te Pro, M. Ames Pro  | sideat          |             |
| 1/ 7                      | of motiver or director  he appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and comple i am familiar with and accept the obligation of my position as registered ag g filed merely to reflect a change in the registered office address, I hereby of been notified in writing of this change.  |                 | nce<br>this |
|                           | June 1,2009  |                 |             |
|                           | Date Date  |                 |             |
| signing on beha<br>RICHAR | D'A: KOSAN, ESQ.   |                 |             |
| Тур                       | od of Printed Name   |                 |             |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)