

N28749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

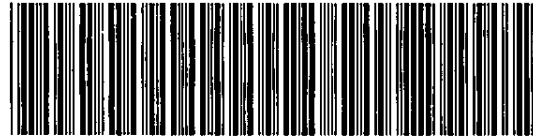
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900266820309

11/26/14--01002--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 26 PM 3:19

C.L. 5-14
12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Golden Pond Estates Homeowner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N 28749

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:

Della Burr
Name of Contact Person

N/A
Firm/Company

6185 HALF MOON DRIVE
Address

Port Orange, FL 32127
City/State and Zip Code

della@burrpotato.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Della Burr at (479) 530-7945
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: Golden Pond Estates Homeowners Association Inc

2. The principal office address: 6185 Half Moon Dr.
Port Orange, FL 32127

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 10/7/1988 Document number: N 28749

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)

Resigned

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

Della Burr
6185 Half Moon Dr.
P.O. Box NOT acceptable
Port Orange, FL 32127

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 26 PM 3:19

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.

Louise Dianto
Signature of an officer or director

Louise Dianto-President
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.

Della Burr
Signature of Registered Agent

10/24/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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

CR# 1416