

# N28898

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R.A.

AUG 13 2012

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sabal Springs Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N28898

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:

Alan B. Chandler

Name of Contact Person

Sabal Springs Homeowners Association, Inc.

Firm/Company

3410 Club View Dr.

Address

North Fort Myers, FL. 33917

City/State and Zip Code

alanxbanker@aol.com

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

For further information concerning this matter, please call:

Alan B. Chandler

Name of Contact Person

at ( 812 ) 322-8191

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: Sabal Springs Homeowners' Association, Inc.
2. The principal office address: 3410 Club View Dr.  
North Fort Myers, FL 33917
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/18/1988 Document number: N28898
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)

Verna Lutz

1719 Trade Center Way

Naples, FL

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

Barbara Figueroa

3410 Club View Dr

P.O. Box NOT acceptable

North Fort Myers, FL 33917

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.

Alan B. Chandler  
Signature of an officer or director

Alan B. Chandler, Treasurer

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.*

Barbara J. Figueroa  
Signature of Registered Agent

8/6/2012

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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