## N31925

(Re	questor's Name)					
(Address)						
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(Cit	y/State/Zip/Phone	e #)				
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SECRETARY OF STATE OIVISION OF CORPORATIONS

RAROCHS 10-1/5/12

## **COVER LETTER**

то:	Amendment Solvision of Co	ection orporations						
SUBJI	ECT:	Konstantinos Simotas						
		Name	of Corporation	on				
DOCU	MENT NUMB	BER:	N3192	5				
The en	closed Statemer	nt of Change of Registered C	Office/Agent	and fee are submitted for filing.				
Please	return all corres	spondence concerning this m	natter to the fo	ollowing:				
		Konsta	ntinos Simo	otas				
		Name of	f Contact Per	son				
	Rolling Oaks Homeowners of Pinellas Inc.							
	<del></del>	Fire	m/Company	or Finelias Inc.				
			, ,					
	1127 Rolling Oaks Ave. Address							
			Address					
	_	Tarpon Sprin City/Sta	ngs, Florida ate and Zin Co	n. 34689				
		Скульш	ne una zip e					
		simotask	@hotmail.d	com				
	E-r	mail address: (to be used f	for future an	inual report notification)				
For fur	ther information	n concerning this matter, ple	ase call:					
	Konsta	antinos Simotas	at (	727 512-2764 rea Code & Daytime Telephone Number				
	Name o	of Contact Person	Ä.	rea Code & Daytime Telephone Number				
Enclose	ed is a \$35.00 ch	heck made payable to the Do	epartment of	State.				
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	s	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 20, 2011



**KONSTANTINOS SIMTAS** ROLLING OAKS HOMEOWNERS' ASSOCIATION 1127 ROLLING OAKS AVE. TARPON SPRINGS, FL 34689

SUBJECT: ROLLING OAKS HOMEOWNERS' ASSOCIATION OF PINELLAS.

INC.

Ref. Number: N31925

We have received your document for ROLLING OAKS HOMEOWNERS' ASSOCIATION OF PINELLAS, 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 registered agent must sign accepting the designation.

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) 245-6964.

60 50

Irene Albritton

Regulatory Specialist II

Letter Number: 711A00028330

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

statement of cha	ange is submitted for a co	rporation organized	607.1508, or 617.1508, Florida I under the laws of the State of I agent, or both; in the State of	<u>Florida</u>
			owners Association of the commers Association of the commers of the commerce of the co	
3. The mailing a	address (if different): Sa	me		
4. Date of incor	poration/qualification:	12/17/2011	Document number:	N31925
	d street address of the cur rtment of State: (If resign		t and registered office on file v	with the
	Marshall Smith, 10	72 Rolling Oaks	Ave. Tarpon Springs, F	L <sub>ee</sub>
	zipcode 34	689		SECRETARY OIVISION OF CO
6. The name and (if changed):	Konstantinos Simo	tas, 1127 Rollin	f changed) and /or registered o	PH 3
<del>-</del>		e and the street add	dress of the business office of	
Such change wanthorized by the	1 1	ion duly adopted by tion has been notifi	rits board of directors or by a ed in writing of the change.	s (President)
I further agree of my duties, ar document is be corporation to	to comply with the provi	sions of all statutes	gree to act in this capacity, is relative to the proper and cition of my position as register egistered office address, I her	omplete performance red agent. Or, if this reby confirm that the
Konst	ehalf of an entity:	motas		

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