

N33663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

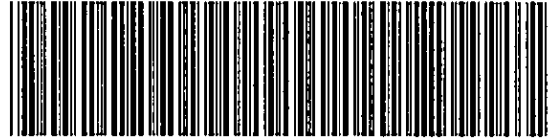
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Russell Klemm
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FEB 06 2020

LA BRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADRIANE PARK HOMEOWNER'S ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N33663

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:

Russell E. Klemm, Esq.

Name of Contact Person

Clayton & McCulloh, P.A.

Firm/Company

1065 Maitland Center Commons Blvd.

Address

Maitland, FL 32751

City/State and Zip Code

rklemm@clayton-mcculloh.com

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

For further information concerning this matter, please call:

Russell E. Klemm, Esq.

Name of Contact Person

at (407) 875-2655

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2020

RUSSELL E. KLEMM, ESQ.
CLAYTON & MCCULLOH, P.A.
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751

SUBJECT: ADRIANE PARK HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: N33663

We have received your document for ADRIANE PARK HOMEOWNER'S 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):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00001934

2020 FEB -5 PM 12:38

RECEIVED

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

Pursuant to the provisions of sections 607.0202, 617.0202, 617.1508, or 617.1509, 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: ADRIANE PARK HOMEOWNER'S ASSOCIATION, INC
2. The principal office address: 109 N. Line Dr
Apopka, FL 32703
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08-11-1989 Document number: 833663
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)

Susan E. Burr

684 Adriane Park Circle

Kissimmee, FL 34744

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

Russell E. Klemm, Esq., c/o Clayton & McCullon, P.A.

1065 Martland Center Commons Blvd.

P.O. Box 501 acceptable

Martland, FL 32751

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.

[Signature]
Signature of an officer or director

Rockland B. Burr
Printed or typed name and title

APPOA - PRES

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.

[Signature]
Signature of Registered Agent

December 20, 2019

Date

If signing on behalf of an entity:

Russell E. Klemm, Esq.

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E047 (04-15)

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2020 FEB-5 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA