N35190

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Mr. Scu	ddn ga	ue
Remussi	ela no	me.
MM. Scu Dennussi Correct	Am	6/14/13
	\sim	• •

Office Use Only



400248078244

05/24/13--01008--008 **35.00

TALLARY OF STATES
SECRETARY OF STATES
AND ANALOSES OF STATES
TALLARY OF STATES
TALLA

6/19

M

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pleasant Oaks Estates Homeowner's Association
Name of Corporation
DOCUMENT NUMBER: N35190
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:
Charles Scudder
Name of Contact Person
Firm/Company 2929 95th. Drive
Address
Parrish FL 34219
City/State and Zip Code
murnane@bellsouth.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles Scudder "386 \ 295-2205
Charles Scudder Name of Contact Person at (386) 295-2205 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

May 28, 2013

CHARLES SCUDDER 2929 95TH DR PARRISH, FL 34219

SUBJECT: PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N35190

We have received your document for PLEASANT OAKS ESTATES HOMEOWNERS 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):

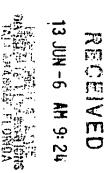
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 813A00013261



Mailed 5/21/13

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Pleasant Oaks Estates Homeowner's Association
Name of Corporation

DOCUMENT NUMBER: N35190

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:

Charles Scudder

Name of Contact Person

Firm/Company

2929 95th. Drive

Address

Parrish FL 34219

City/State and Zip Code

murnane@bellsouth.net

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

For further information concerning this matter, please call:

Charles Scudder

_,,386

295-2205

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

1. The name	of the corporation: Pleasan	tooks Es	tates Hou	neowners 1
2. The princ	ipal office address: 2939	a5 th. Dr	ive East	
	Parrist	1 EL 3	4219	
3. The maili	ng address (if different):			
4. Date of ir	corporation/qualification: 11/13/	1989 Document	number: N 3	5190
	and street address of the current regist epartment of State: (If resigned, enter r		ed office on file with	the
	Pleasant Oaks	Estates	Home own	er's Asso
cianed	951132ndC	ourt East		
	· Parrish FL	- 34219		d
6. The name (if change	e and street address of the new registere ed):	ed agent (if changed) ar	id /or registered offic	
	2929 95+4.	Drive Ea	25+	PH 4:5
	Parvish F	- 34219		### →
The street a as changed	ddress of its registered office and the will be identical.	street address of the bu	isiness office of its i	egistered agent,
	e was authorized by resolution duly ac by the board, or the corporation has be			
	gnature of an officer or director	Charle	ed or typed name and title	v- preside
I hereby acc I further ag performand agent. Or, hereby conj	cept the appointment as registered age ree to comply with the provisions of a e of my duties, and I am familiar with if this document is being filed merely i irm that the corporation has been not	ent and agree to act in ll statutes relative to th and accept the obliga to reflect a change in t ified in writing of this	this capacity. ne proper and compi tion of my position a he registered office change.	ete is registered address, I
CA	Signature of Registered Agent	<i>N</i>	1 ay 21, 2	-013
If signing o	n behalf of an entity:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)