

N38467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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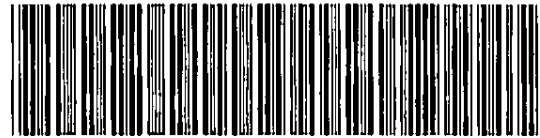
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE OFFICE
TALLAHASSEE, FLORIDA

DEC 11 PM 4:14

PAID

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Village On The Pond Community Assocation, Inc.
Name of Corporation

DOCUMENT NUMBER: N38467

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:

Judith Sanchez
Name of Contact Person

Village On The Pond Community Assn.
Firm/Company

PO Box 865
Address

Land O' Lakes, FL 34639
City/State and Zip Code

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

For further information concerning this matter, please call:

Judith Sanchez at (813) 949-6400
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: Village On The Pond Community Association, Inc.

2. The principal office address: 1953 Brainerd Ct., Lutz, FL 33549

3. The mailing address (if different): PO Box 865, Land O' Lakes, FL 34639

4. Date of incorporation/qualification: 8/27/92 Document number: N38467

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)

Marilyn J. Leet, CPA - passed away
513 Carriage Hills Dr.
Temple Terrace, FL 33617

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

Judith Sanchez
1953 Brainerd Ct.
P.O. Box NOT acceptable
Lutz, FL 33549

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FALL HARBOR, FL 33922
STATE OF FLORIDA
CORPORATION DIVISION

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 authorized by the board, or the corporation has been notified in writing of the change.

Judith Sanchez
Signature of an officer or director

Judith Sanchez, 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.

Judith Sanchez
Signature of Registered Agent

December 8, 2017
Date

If signing on behalf of an entity:

Judith Sanchez
Typed or Printed Name

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