

N 39496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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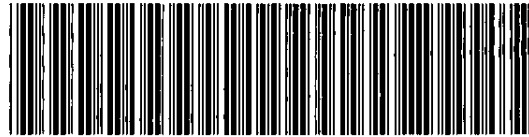
(Business Entity Name)

(Document Number)

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Tewis  
8-23-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Homeowners Association of Laurel Woods, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N39496

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:

Kirk Fallin  
Name of Contact Person

Home Owners Association of Laurel Woods, Inc.  
Firm/Company

1086 Laurel Woods Dr.  
Address

NOKOMIS, FL 34275  
City/State and Zip Code

Kirk fallin @ verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kirk Fallin at (941) 487-6016  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Homeowners Association of Laurel Woods, Inc.  
2. The principal office address: 1086 Laurel Woods Dr  
Nokomis, FL 34275  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07-23-1990 Document number: N 39496

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)

James R. Pietrozak  
1001 Avenida Del Circo  
Venice, FL 34285

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

Kirk Fallin  
1086 Laurel Woods Dr.  
P.O. Box NOT acceptable  
Nokomis, FL 34275

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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

H. Kirk Fallin, 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.

[Signature]  
Signature of Registered Agent

08-14-11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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