

N42068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

excl/9/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Buckhorn Estates Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N42068

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:

ROBERT A. BRINKMAN
Name of Contact Person

BEHA
Firm/Company

2501 BUCKNELL DR.
Address

VALRICO, FL 33596
City/State and Zip Code

RBRINK3110@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT BRINKMAN at (813) 685-5530
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2010

ROBERT BRINKMAN
2501 BUCKNELL DR
VALRICO, FL 33596

SUBJECT: BUCKHORN ESTATES HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: N42068

We have received your document for BUCKHORN ESTATES 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 610A00020280

**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: BUCKHORN ESTATES HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 2501 BUCKNELL DR.
VALRICO, FL 33596

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-13-1991 Document number: N42068

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)

KOSAN, RICHARD R. ESQ.

112 WEST WINDWARD ROAD

BRANBOON, FL 33509

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10 SEP -7 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

~~BETTA~~ ROBERT A. BRINKMAN

2501 BUCKNELL DR.

P.O. Box NOT acceptable

VALRICO, FL 33596

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 of an officer or director

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 of Registered Agent

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

CR2E045 (8/05)