

N43538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

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2009 MAY 22 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

5/27/09

LAW OFFICE OF HARLAN R. DOMBER, P.A.

HARLAN R. DOMBER
BOARD CERTIFIED REAL ESTATE ATTORNEY

SUITE L-1
3900 CLARK ROAD
SARASOTA, FLORIDA 34233
TELEPHONE (941) 923-9930
1-800-804-9930
FAX (941) 923-3400
E-MAIL: HDOMBER@AOL.COM

May 19, 2009

Division of Corporations
Amendment Filing Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Mobile Gardens Association of Englewood, Inc., a Florida not-for-profit corporation; Document No. N43538 (Filed 5/20/1991)

Dear Sirs:

Enclosed herewith please find an original and a copy of the Statement of Change of Registered Office or Registered Agent or Both for Mobile Gardens Association of Englewood, Inc., and my client's check no. 5739, in the sum of \$35.00, for the filing fee, made payable to "Florida Department of State". Please proceed with the change of registered agent and registered office for the corporation.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,



Harlan R. Domber

Enclosures as noted

cc: Mobile Gardens Association of Englewood, Inc.

hrd.mobile.gardens.genrep.div-corp.lr2.wpd

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOBILE GARDENS ASSOCIATION OF ENGLEWOOD, INC.
(Name of Corporation)

DOCUMENT NUMBER: N43538

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:

Harlan R. Domber, Esquire

(Name of Contact Person)

Law Office of Harlan R. Domber, P.A.

(Firm/Company)

3900 Clark Road, Suite L-1

(Address)

Sarasota, FL 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

Harlan R. Domber, Esquire

(Name of Contact Person)

at (941) 923-9930

(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: MOBILE GARDENS ASSOCIATION OF ENGLEWOOD, INC.
2. The principal office address: 414 Camino Real, Englewood, FL 34224.
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 20, 1991 Document number: N43538
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Vander Wulp, Sharon Esq.

712 Shamrock Blvd.

Venice, FL 34293

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

Harlan R. Domber, Esquire

Law Office of Harlan R. Domber, P.A.

(P.O. Box NOT acceptable)

3900 Clark Road, Suite L-1, Sarasota, FL 34233

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.

X Robert J. Willock
(Signature of an officer or director)

X ROBERT J. WILLOCK & ASSY V.P.
(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.

Nal
(Signature of Registered Agent)

5/19/09
(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA