

N 49391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

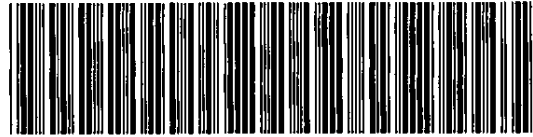
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

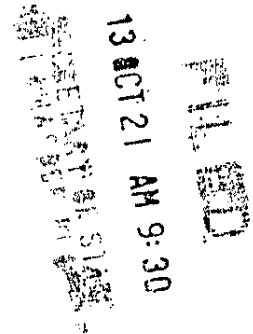
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Meadows of Tarpon Springs Homeowners Association Inc.
Name of Corporation

DOCUMENT NUMBER: N 49391

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:

Carol Malovics, President
Name of Contact Person

The Meadows of Tarpon Springs Homeowner Association Inc.
Firm/Company

509 Becky Way
Address

Tarpon Springs Fl. 34689
City/State and Zip Code

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

For further information concerning this matter, please call:

Carol Malovics, Pres. at (727) 934-3697
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: The Meadows of Tarpon Springs Homeowners' Association Incorporated

2. The principal office address: _____

3. The mailing address (if different): Carol Malovics, President
509 Becky Way. Tarpon Springs Fl. 34689

4. Date of incorporation/qualification: June 16, 1992 Document number: N49391

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)

Justin G. Joseph
1866 S. Pinellas Ave.
Tarpon Springs, FL 34689

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

Nicole Frost, Esq.
Frost Law, P.A.
P.O. Box NOT acceptable
300 Turner St. Clearwater, FL 33756

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.

Carol Malovics, President Carol Malovics, President
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] 10/17/13
Signature of Registered Agent Date

If signing on behalf of an entity:

Nicole M. Frost, Pres. Frost Law, P.A.
Typed or Printed Name

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