N49409

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(Re	equestor's Name)	,
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(Ac	ldress)	
(Δε	idress)	
(AC	iuie <i>33)</i>	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	ısiness Entity Naı	me)
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Certified Copies	Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

R.A. change

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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: GREENWOOD AT LAKE MARY PROPERTY OWNERS ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER:_ N49409 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: **RON SEMANS** (Name of Contact Person) (Firm/Company) 541 N. PALMETTO, SUITE 105 (Address) SANFORD, FL 32771 (City/State and Zip Code) For further information concerning this matter, please call: **RON SEMANS** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of FLORIDA ered agent, or both, in the State of Florida.	<i>s</i>
1. The name of t	the corporation: GREENWOOD AT LAKE	MARY PROPERTY OWNERS ASSOCIATION	N, INC.
2. The principal SANFORD,	office address: 541 N. PALMETTO, SUIT	ΓΕ 105	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/17/1992	Document number: N49409	
	d street address of the current registered ag tment of State:	gent and registered office on file with the	
	NELSON, LARRY W		
	201 WEST FIRST STREET		
	SANFORD, FL 32771	SECR	
6. The name and street address of the new registered age (if changed):		at (if changed) and /or registered office	FILE PH 2: 1
	RON SEMANS		4 4 7
	541 N. PALMETTO, SUITE 105 (P.O. Box NOT acceptable)		語言
	SANFORD, FL 32771	·	
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered	d agent,
Such change was authorized by the	as authorized by resolution duly adopted be board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
	ire of an officer of director)	ROBERT HORIAN (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of a language of a language of a language in the filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete perfo igation of my position as registered agent. C e registered office address, I hereby confirm	ormance or, if this that the
		RON SEMANS	
	gnature of Registered Agent)	(Date)	
	half of an entity:		
	E MARY PROPERTY OWNERS ASSOCIATION, INC. Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)