

N50888

RDHA
210 Ranken Drive
Edgewater, FL 32141

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

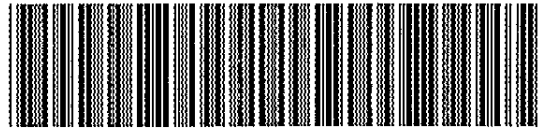
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200039169452

07/23/04--01048--012 **35.00

FILED
04 JUL 23 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FL

R. A. Chang

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : RANKEN DRIVE HOMEOWNERS' Association, Inc.
2. The mailing address of the corporation : 221 North Causeway, P.O. Box 1266
New Smyrna Beach, FL 32170
3. Date of incorporation/qualification: September 17, 1992 Document number: N50888
4. The name and address of the current registered agent and office:

William L. Ross, Jr.
221 North Causeway, P.O. Box 1266
New Smyrna Beach, FL 32170

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Cynthia DeGrammont
213 Ranken Drive
Edgewater, FL 32141

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.

DeAnna L. McDuffie
(Signature of an officer, chairman or vice chairman of the board)

July 20, 2004
(Date)

DeAnna L. McDuffie / Secretary / Treasurer
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Cynthia L. DeGrammont
(Signature of Registered Agent)

7/20/04
(Date)

If signing on behalf of an entity:

Cynthia L. DeGrammont
(Typed or Printed Name)

President
(Capacity)

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

FILED
04 JUL 23 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FL 32314