

N9300000404/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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10 11/26/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Greater Groves Homeowners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N93000004042

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:

Alison M. Strange, Esquire

Name of Contact Person

Bret Jones, P.A.

Firm/Company

700 Almond Street

Address

Clermont, Florida 34711

City/State and Zip Code

Astrange@bretjonespa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison M. Strange

Name of Contact Person :

at (**352**) **394- 4025**

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

October 28, 2014

ALISON M. STRANGE, ESQ.
BRET JONES, P.A.
700 ALMOND STREET
CLERMONT, FL 34711

SUBJECT: GREATER GROVES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N93000004042

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$175.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The subject entity was administratively dissolved or its certificate of authority was revoked for failure to appoint and maintain a registered agent. To reinstate the entity, please complete the enclosed form. The total fee due is \$210.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 214A00023068

RECEIVED
14 NOV 24 PM 12:42
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Greater Groves Homeowners Association, Inc.
2. The principal office address: 15100 Greater Groves Blvd., Clermont, Florida 34711
3. The mailing address (if different): P.O. Box 135083, Clermont, Florida 34713
4. Date of incorporation/qualification: 09/01/1993 Document number: N93000004042
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)

resigned

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

Bret Jones, P.A. c/o Alison M. Strange, Esq

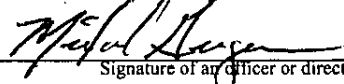
700 Almond Street

P.O. Box NOT acceptable

Clermont, Florida 34711

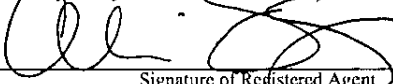
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

PRESIDENT, HGA
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

10/13/2014
Date

If signing on behalf of an entity:

Alison M. Strange

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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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