

N9300000 4993

(Requestor's Name)

Canoe Creek Villas H.O.A.
4417 13th Street PMB 109
Saint Cloud, FL 34769

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

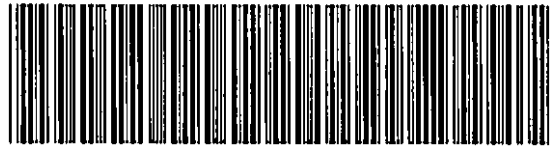
(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2020

CANOE CREEK VILLAS H.O.A.
4417 13TH STREET PMB 109
SAINT CLOUD, FL 34769

SUBJECT: CANOE CREEK VILLAS HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N93000004993

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):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II

Letter Number: 120A00012673

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 611.1508, 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: Canoe Creek Villas Homeowners Association, Inc.
2. The principal office address: 447 13th Street PMB 109
St. Cloud, FL 34769
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/29/1993 Document number: N93000004993

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)

ASSOCIATION MANAGEMENT GROUP OF CENTRAL
FLORIDA, INC.
101 PARK PLACE BLVD., STE 2
KISSIMMEE, FL 34741

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

First Choice Community Management, LLC
922 Delaware Ave.
St. Cloud, FL 34769
P.O. Box NOT acceptable

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]
Signature of an officer or director

Linda S. Burger
Printed or typed name and title: President

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.

Elizabeth Ryan
Signature of Registered Agent

6/4/2020
Date

If signing on behalf of an entity:

Elizabeth Ryan
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