

N94000002014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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RA Kelly

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11 JAN -3 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 1-3-10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2010

CHAMMA SKIPPER
AMBERWOOD COMMUNITY MANAGEMENT
P O BOX 623676
OVIEDO, FL 32762-3676

SUBJECT: ALOMA WOODS HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N94000002014

We have received your document for ALOMA WOODS HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 410A00028562

RECEIVED
AM - 3
AM 10:56
TALLAHASSEE
FLORIDA
CORPORATIONS

CORRECTIONS ATTACHED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALOMA WOODS HOMEOWNERS ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N94000002014

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:

CHAMMA SKIPPER

Name of Contact Person

AMBERWOOD COMMUNITY MANAGEMENT, INC

Firm/Company

PO BOX 623676 1000 PINELAKE CT

Address

DAVENPORT, FL 32762-3676 32765

City/State and Zip Code

CSKIPPER@AMBERWOODCM.COM

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

For further information concerning this matter, please call:

CHAMMA SKIPPER

Name of Contact Person

at (321) 946-6988

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: ALOMA WOODS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 1000 Pinehurst CT
DUKE, FL 32765
3. The mailing address (if different): P O Box 623676
Duke, FL 32762-3676
4. Date of incorporation/qualification: 6/17/96 Document number: N94000002014
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):

AMBERWOOD COMMUNITY MANAGEMENT, INC
1000 PINEHURST CT
P.O. Box NOT acceptable
DUKE, FL 32765

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11 JAN -3 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Stewart Rubin
Signature of an officer or director

STEWART RUBIN
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]
Signature of Registered Agent

11/21/10
Date

If signing on behalf of an entity:

CHAMMA SKRIPPEN
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 (8/05)