## N94000002199

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
(City/State/Zip/Fitotie #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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R-A. Change C.COULLIETTE

JUN 02 2011

**EXAMINER** 



RUSSELL E. KLEMM
Attorney & Counselor at Law rklemm@clayton-mcculloh.com

Clayton & McCulloh, P. A Servicing 25 Countie: Respond to: Orlando Offici

May 25, 2011

Division of Corporations P.O. Box 6327 Tallahasee, FL 32314

Re: MEADOW CREEK HOMEOWNERS ASSOCIATION, INC.

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for MEADOW CREEK HOMEOWNERS ASSOCIATION, INC. (FEIN 280387283). Also enclosed please find this firm's check no. 30251 in the amount of \$35.00 for the cost of filing such Statement.

Should you have any questions or require additional information, please feel free to contact me.

Sincerely,

CLAYTON & McCULLOH

Jenny McKinney

Florida Registered Paralegal

:ilm

Enclosure

cc: Meadow Creek Homeowners Association, Inc.

## **COVER LETTER**

TO:	TO: Amendment Section Division of Corporations							
SUBJECT: Meadow Creek Homeowners Association, Inc.  Name of Corporation								
DOCU	MENT NU	MBER: N	94000002199					
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:								
Jenny McKinney, Paralegal								
Name of Contact Person								
			n & McCulloh					
	Firm/Company							
		1065 Maitland 0	Center Commons Blvd.					
			Address					
	Maitland, FL 32751							
City/State and Zip Code								
imakinnov@alautan maaullah sam								
jmckinney@clayton-mcculloh.com  E-mail address: (to be used for future annual report notification)								
•								
For fur	ther informa	tion concerning this matter, plea	ase call:					
	lonnu	Mokinnov Dorologol	407					
		McKinney, Paralegal ne of Contact Person	at ( 407 ) 875-2655  Area Code & Daytime Telephone Number					
Casles	-d: e>c 0	O sheek made neveble to the De						
Enclose	ed is a \$35.0	0 check made payable to the De	partition State.					
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.05 nge is submitted for a corpor r to change its registered offi	ation organized	under the laws of the State	<sub>e of _</sub> Florida			
1. The name of t	he corporation: Meadow	Creek Hon	neowners Associa	tion, Inc.			
2. The principal	office address: 1229 Cree	k Side Circle	, Rockledge, FL 3295	55			
3. The mailing a	ddress (if different): PO B	ox 560832, F	Rockledge, FL 32956-	0832			
4. Date of incorporation/qualification: 04/29/1994 Document number: N9400000219							
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)							
	CURT BEYER						
	1236 CREEK SIDE CIRCLE						
`	ROCKLEDGE, FL 32955						
6. The name and (if changed):	d street address of the new reg	gistered agent (il	changed) and /or registere	THAY 27 AN IH I			
	RUSSELL E. KLEMM, ESQ.						
	1003 WATTEAND CENTER COMMONS BEVD.						
	P.O. Box NOT acceptable  MAITLAND, FL 32751						
The street addre	ess of its registered office an be identical.	d the street add	ress of the business office	e of its registered agent,			
Such change wa	as authorized by resolution one board, or the corporation	luly adopted by has been notifie	its board of directors or led in writing of the change	by an officer so e.			
DONE Signatur	re of an officer or director		Dation of typed name	Blu Pesident			
I hereby accept I further agree t of my duties, an document is bej corporation flat	the appointment as register to comply with the provision of I am familiar with and ac hg filed merely to reflect a c been notified in writing of	ed agent and ag is of all statutes cept the obligat change in the re this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the			
	nature of Registered Agent		5-25-11 Date				
0	half of an entity:						
	<del></del> <del></del> -						
т.	uned or Printed Name						

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