Division of Corporations Electronic Filing Cover Sheet

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(((H220003448143)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

022 OCT -7 AM 9: 19

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REGISTERED AGENT CHANGE HIGH VISTA AT RIDGEWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$43.75

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By:

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi	zed under the laws of the State o	f <u>FL</u>	
	r to change its registered office or registe.			
	the corporation; HIGH VISTA AT RIDGE	WOOD LAKES HOMEOWNERS	'ASSOCIATION, IN	
2. The principal DAVENPORT, I	office address: 101 HIGH VISTA DR. FL 33837			
3. The mailing a	address (if different): 1200 South Pine Islan	d Road Plantation, Florida 33324		
4. Date of incor	poration/qualification: 10/16/1995	Document number: N95000	XII)4896	
5. The name and	I street address of the current registered age timent of State: (If resigned, enter resigned	gent and registered office on file		
	Leland Management, Inc.			
	6972 LAKE GLORIA BLVD		-	
	ORLANDO, FL 32809		_	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	C T Corporation System		2022	
	1200 South Pine Island Road		2022 OCT -7	
	P.O. Box NOT acceptable			
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of		
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.				
U- Signatu	Han Mton	Pauline Hamilton Primed or Typed name and	President	
- oj my aunes, ar - document is bei	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and co gation of my position as registed registered office address. I her	omplete performance red agent. Or, if this reby confirm that the	
	The Total	10/07/2022		
	nature of Registered Agent	Date		
If signing on be	shalf of an entity:			
Terrie Bates, Ass	<u> </u>			
Т	yped or Printed Name	71 (735 NA 4 4 4		
	* * * FILING FE			
М	Make Checks payable to Flo ail to: Division of Corporations, P.		L 32314	