

1195000005326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700283592177

03/24/16--01006--028 \*\*35.00

FILED

2016 MAR 24 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 29 2016

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Anclote Isles Homeowners' Association Inc

Name of Corporation

**DOCUMENT NUMBER:** N95000005326

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:

**Scott Underwood**

Name of Contact Person

**Anclote Isles Homeowner's Association**

Firm/Company

**1165 Marina Dr**

Address

**Tarpon Springs, FL 34689**

City/State and Zip Code

**anclotehoa@gmail.com**

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

For further information concerning this matter, please call:

**Scott Underwood**

Name of Contact Person

at **605 692-8808**

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: Andote Isles Homeowners' Association, Inc  
2. The principal office address: 1165 Marina Drive, Tarpon Springs FL 34689

3. The mailing address (if different): NA

4. Date of incorporation/qualification: 11/8/1995 Document number: N95000005326

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)

Mary Ann Ferretti (resigned Treasurer)

1165 Marina Dr

Tarpon Springs

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

Scott Underwood (new Treasurer)

1165 Marina Dr

P.O. Box NOT acceptable

Tarpon Springs, FL 34689

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

\_\_\_\_\_  
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.*

Scott Underwood  
Signature of Registered Agent

3/21/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAR 24 PM 3:54

FILED