

N95000005888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

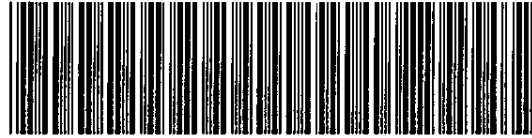
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOODRIDGE MASTER ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N95000005888

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:

GUY GABALDON, JR.
Name of Contact Person

WOODRIDGE MASTER ASSOCIATION, INC.
Firm/Company

P.O. BOX 2775
Address

APOPKA, FL 32704
City/State and Zip Code

guy@gpmgt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUY GABALDON, JR. at (407) 574-5664
Name of Contact Person 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WOODRIDGE MASTER ASSOCIATION, INC.
2. The principal office address: 2109 CARPATHIAN DR., APOPKA, FL 32712
3. The mailing address (if different): P.O. BOX 2775, APOPKA, FL 32704
4. Date of incorporation/qualification: 12/14/1995 Document number: N95000005888
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)

EPM SERVICES

390 WEST S.R. 434 STE 203

LONGWOOD FL 32750

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

G&P MANAGEMENT

2109 CARPATHIAN DR.

P.O. Box NOT acceptable

APOPKA, FL 32712

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.

Betty Jurek
Signature of an officer or director

BETTY JUREK
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.

Guy Gabaldon Jr.
Signature of Registered Agent

Oct 19, 2011
Date

If signing on behalf of an entity:

Guy Gabaldon Jr.
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)

FILED
11 OCT 24 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA