

N9600000359B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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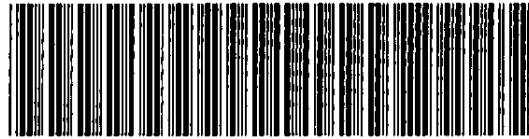
(Business Entity Name)

(Document Number)

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@ 9/14/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shorewood Community Association
Name of Corporation

DOCUMENT NUMBER: N96000003593

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:

Timothy Pickles
Name of Contact Person

Watson, Soileau, Deleo, Burgett, & Pickles
Firm/Company

3490 N US 1
Address

Cocoa, FL 32926
City/State and Zip Code

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

For further information concerning this matter, please call:

Douglas Seeley, LCAM at (321) 868-0138
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



RECEIVED SEP 16 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2011

TIMOTHY PICKLES
WATSON, SOILEAU, DELEO, BURGETT ET AL
3490 N US 1
COCOA, FL 32926

SUBJECT: SHOREWOOD COMMUNITY ASSOCIATION, INC.
Ref. Number: N96000003593

We have received your document for SHOREWOOD COMMUNITY 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 011A00021112

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Shorewood Community Association
2. The principal office address: 607 Shorewood Dr.
Cape Canaveral, FL 32920
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/05/1996 Document number: N96000003593

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)

~~Tim Pickles Esq.~~ Timothy Pickles
1970 Michigan Ave Bldg C
Cocoa, FL 32923

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

Watson, Soileau, Deleo, Burgett, & Pickles
3490 N US 1
P.O. Box NOT acceptable
Cocoa, FL 32926

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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 Douglas Seeley, LCAM
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 of Registered Agent 9/16/11
Date

If signing on behalf of an entity: TIMOTHY F. PICKLES.

Douglas Seeley, address change
Typed or Printed Name

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