

N97000000339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

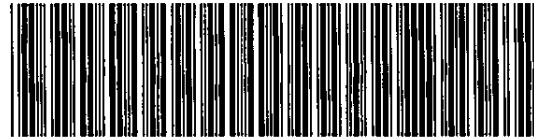
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH RIDGE CREEK HOMEOWNER'S ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: N97000000339/FEI: 59-3418025

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:

BARBARA MORRIS

Name of Contact Person

NORTHRIDGE CREEK HOMEOWNERS ASC

Firm/Company

P.O. BOX 977

Address

SHALIMAR, FLORIDA 32547

City/State and Zip Code

BOARD PRESIDENT : PANESTATELIO@AOL.COM

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

For further information concerning this matter, please call:

BARBARA MORRIS

Name of Contact Person

at (850) 259-6326

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: NORTH RIDGE CREEK HOMEOWNERS ASS., INC.
2. The principal office address: N/A
3. The mailing address (if different): P.O. BOX 977
SHALIMAR, FL 32579
4. Date of incorporation/qualification: _____ Document number: N97000000339
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)

RESIGNED - TERMINATED MANAGEMENT CONTRACT

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

BARBARA MORRIS

1201 CATHRIDGE TRACE

P.O. Box NOT acceptable

FORT WALTON BEACH, FL 32547

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.

Barbara Morris
Signature of an officer or director

BARBARA MORRIS, PRESIDENT OF BOARD
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.

Barbara Morris
Signature of Registered Agent

October 25, 2016
Date

If signing on behalf of an entity:

BARBARA MORRIS
Typed or Printed Name

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