

N99000001973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 03 2015
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2015

KATHY OCONNELL
EDGEWOOD TERRACE SUB OA INC
PO BOX 1403
SANTA ROSA BEACH, FL 32459

SUBJECT: EDGEWOOD TERRACE SUBDIVISION OWNERS' ASSOCIATION,
INC.
Ref. Number: N99000001973

We have received your document for EDGEWOOD TERRACE SUBDIVISION OWNERS' 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 515A00019806

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Edgewood Terrace Subdivision OA Inc.
Name of Corporation

DOCUMENT NUMBER: N99000001973

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:

Kathy OConnell

Name of Contact Person

Edgewood Terrace Sub OA Inc

Firm/Company

P.O. Box 1403

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

edgewoodterrace@gmail.com

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

For further information concerning this matter, please call:

Kathy OConnell

Name of Contact Person

at (850) 687-9899

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: Edgewood Terrace Subdivision OA, Inc.
2. The principal office address: 161 Goldsby Rd Ste E-1
Santa Rosa Beach, FL 32459
3. The mailing address (if different): P.O. Box 1403
Santa Rosa Beach, FL 32459
4. Date of incorporation/qualification: _____ Document number: N99000001973

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)

Prichett, Walter R

2441 US HWY 98 W Suite 101

Santa Rosa Beach, FL 32459

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

OConnell, Kathy

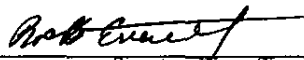
~~690000000000~~ 161 Goldsby Rd Ste E-1

P.O. Box NOT acceptable

~~690000000000~~ Santa Rosa Beach FL 32459

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

Richard Everitt President

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

CAMPBELL

9/9/15

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

CR2E045 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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