

N99000004054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

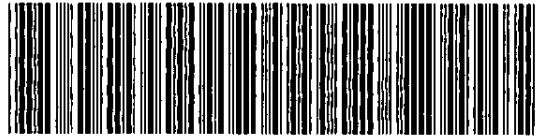
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300142238843

02/02/09--01042--002 **35.00

FILED

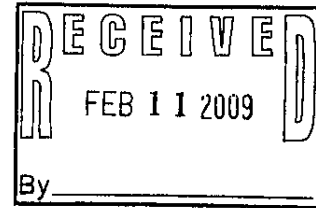
09 FEB 17 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
Thurs
2-17-09



FLORIDA DEPARTMENT OF STATE
Division of Corporations



February 6, 2009

BOBCAT TRAIL HOMEOWNERS ASSOCIATION, INC.
899 WOODBRIDGE DRIVE
VENICE, FL 34293

SUBJECT: BOBCAT TRAIL HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N99000004054

We have received your document for BOBCAT TRAIL HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 409A00004400

RECEIVED
2009 FEB 17 AM 8:00
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: BOBCAT TRAIL HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 899 WOODBRIDGE DRIVE
VENICE FL 34293
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/99 Document number: N99000004054
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)

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

<u>ADVANCED MANAGEMENT INC.</u> <u>899 WOODBRIDGE DRIVE</u> (P.O. Box NOT acceptable) <u>VENICE FL 34293</u>	<u>ADVANCED MANAGEMENT, INC.</u> <u>OF SOUTHWEST FLORIDA</u> <u>899 WOODBRIDGE DRIVE</u> <u>VENICE, FLORIDA 34293</u> <u>TELEPHONE (941) 493-0287</u>
---	---

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]
(Signature of an officer or director)

STEVE SMITH; TREASURER
(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.

Jessica E. Douglass, Agent
(Signature of Registered Agent)

1-29-09
(Date)

If signing on behalf of an entity:

Jessica E. Douglass
(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