

581 521  
N99000004411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400241404814

11/07/12--01006--009 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV -7 PM 2:51

B.A.

NOV - 9 2012

**T. BROWN**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ashton Lakes Homeowners Association Inc  
Name of Corporation

**DOCUMENT NUMBER:** N99000004411

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:

Karen Koch

Name of Contact Person

Karen Koch Inc

Firm/Company

6156 Sabal Point Circle

Address

Port Orange, FL 32128

City/State and Zip Code

kar\_koc@msn.com

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

For further information concerning this matter, please call:

Karen Koch

Name of Contact Person

at ( 386 ) 767-8282

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: Ashton Lakes Homeowners Association, Inc.
2. The principal office address: 6156 Sabal Point Circle, Port Orange, FL 32128
3. The mailing address (if different): P.O. Box 291282, Port Orange, FL 32129
4. Date of incorporation/qualification: 07/23/1999 Document number: N99000004411
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)

Michele Barkin

1190 Pelican Bay Drive

Daytona Beach, FL 32119

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

Karen Koch

6156 Sabal Point Circle

P.O. Box NOT acceptable

Port Orange, FL 32128


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

DAVID D. DEVILBISS  
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

11-3-12  
Date

If signing on behalf of an entity:

KAREN KOCH  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV -7 PM 2:51