

N 99000004876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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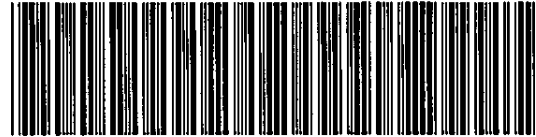
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quail Ridge H.O.A Assoc. of Lake Cty.
Name of Corporation

DOCUMENT NUMBER: N99000004876

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:

David L. Marlow

Name of Contact Person

Quail Ridge HOA of Lake Cnty

Firm/Company

37553 Quail Ridge Circle

Address

Leesburg, FL 34788

City/State and Zip Code

jamesmilliner1@yahoo.com

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

For further information concerning this matter, please call:

David L. Marlow

Name of Contact Person

at (352) 357-4804

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2016

DAVID L. MARLOW
37553 QUAIL RIDGE CIRCLE
LEESBURG, FL 34788

SUBJECT: QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE COUNTY,
INC.
Ref. Number: N99000004876

We have received your document for QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE COUNTY, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 816A00024938

**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: Quail Ridge ^{Homesowners} Association of Lake County, Inc

2. The principal office address: 37517 Quail Ridge Circle, Leesburg, FL 34788

3. The mailing address (if different): PO Box 906 Eustis, FL 32727-0906

4. Date of incorporation/qualification: August 16, 1999 Document number: N99000004876

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)

Joe Keller (resigned)

37550 Quail Ridge Circle

Leesburg, FL

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

James A. Milliner

37517 Quail Ridge Circle

P.O. Box NOT acceptable

Leesburg, FL 34788

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 McPherson
Signature of an officer or director

Barbara McPherson 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.

James A. Milliner
Signature of Registered Agent

11/14/2016
Date

If signing on behalf of an entity:

JAMES A. MILLINER
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