

N 990000006517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

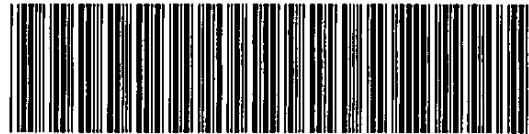
(Business Entity Name)

(Document Number)

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06 OCT 30 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 10/31/06  
NA/KO

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Placid woods phase II & III HOA, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N99000000517

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:

Lilly Burnside

(Name of Contact Person)

Reliable Property Managers

(Firm/Company)

4250 Alafaya Tr. Suite 212-345

(Address)

Oviedo, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Lilly Burnside

(Name of Contact Person)

at ( 407 ) 971-3755

(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: Placid Woods Phase 11 & 111 HOA, INC
2. The principal office address: 4250 Alafaya Tr. Suite 212-345  
Oviedo, FL 32765
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/1/06 Document number: N990000006517
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Jim Boyle  
C/O Boyle Management Services, Inc  
498 Palm Springs Dr., #235  
Altamonte Springs, FL 32701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Lilly Burnside  
Reliable Property Managers  
(P.O. Box NOT acceptable)  
4250 Alafaya Tr. Suite 212-345 Oviedo, FL 32765

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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)

\_\_\_\_\_  
(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.*

Lilly L. Burnside  
(Signature of Registered Agent)

10/24/06  
(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 (8/05)