

P97000075131

(Requestor's Name)

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(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:** Spring Park Villas Development Corp.  
Name of Corporation

**DOCUMENT NUMBER:** P97000075131

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:

Owen Linder, MD  
Name of Contact Person

Spring Park Villas Development Corp.  
Firm/Company

108 Woodcreek Drive S.  
Address

Safety Harbor, FL 34695  
City/State and Zip Code

MLi3724603@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Owen Linder, MD at (727) 726-4721  
Name of Contact Person 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: Spring Park Villas Development Corp.  
2. The principal office address: 960 Main Street, Safety Harbor, FL  
34695  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/28/1997 Document number: P97000075131

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)

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

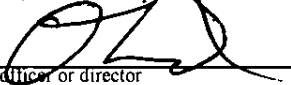
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Owen Linder, MD  
108 Woodcreek Drive S.  
P.O. Box NOT acceptable  
Safety Harbor, FL 34695

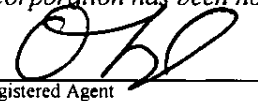
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Owen Linder  
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

9/3/13  
Date

If signing on behalf of an entity:

Spring Park Villas Development Corp  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*