

N05 000000611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

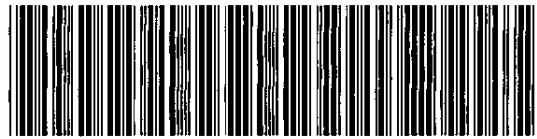
(Business Entity Name)

(Document Number)

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FLORIDA

*WACH
3/17/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sandhill Preserve at Arbor Meadows HOA Inc
Name of Corporation

DOCUMENT NUMBER: N05000000611

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:

Mark Hills
Name of Contact Person

Association Solutions of Central Florida
Firm/Company

241 Ruby Avenue
Address

Kissimmee, FL 34741
City/State and Zip Code

associationsolutions@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Hills at (407) 483-0956
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2010

MARK HILLS
241 RUBY AVENUE
KISSIMMEE, FL 34741

SUBJECT: SANDHILL PRESERVE AT ARBOR MEADOWS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: N05000000611

We have received your document for SANDHILL PRESERVE AT ARBOR MEADOWS HOMEOWNERS' ASSOCIATION, 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 contain the name and capacity of the person signing on behalf of the new registered agent.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 510A00005501

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: Sandhill Preserve at Arbor Meadows HOA Inc

2. The principal office address: c/o Association Solutions of Central Florida
241 Ruby Avenue, Kissimmee, FL34741

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/19/2005 Document number: N05000000611

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)

Ne An Services Inc (RESIGNED)

13864 Timberbrooke Drive, Orlando, FL 32824

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

Association Solutions of Central Florida, Inc.

241 Ruby Avenue

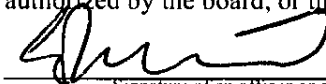
P.O. Box NOT acceptable

Kissimmee FL 34741

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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

EDGAR PINERO - PRESIDENT

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

2-25-10

Date

If signing on behalf of an entity:

MARK HILLS, PRESIDENT OF
Association Solutions of Central Florida

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