

N 13683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

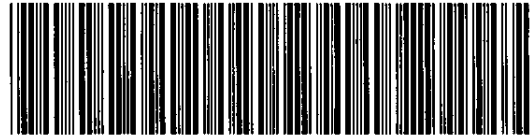
(Business Entity Name)

(Document Number)

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AUG 22 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pine Ridge At Sugar Creek Village I  
Name of Corporation Condominium Association  
Inc.

**DOCUMENT NUMBER:** N13683

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:

Dorothy Spriggs  
Name of Contact Person  
SunCoast Property Services  
Firm/Company  
2821 Sherbrooke Lane, Unit A  
Address  
Palm Harbor, FL 34684  
City/State and Zip Code

DDTT2SPR@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothy Spriggs  
Name of Contact Person at ( 727 ) 773-6941  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pine Ridge at Sugar Creek Village I Condominium Association, Inc.
2. The principal office address: 2821 Sherbrooke Lane, Unit A Palm Harbor, FL 34684
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/4/1986 Document number: NI3683
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)  
resigned

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

Sun Coast Property Services  
2821 Sherbrooke Ln, Unit A  
Palm Harbor, FL 34684

P.O. Box NOT acceptable

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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.

Neal Fleming  
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.

Neeshy Prigg  
Signature of Registered Agent

8-11-14  
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