

ND10000001399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

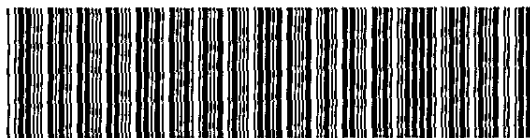
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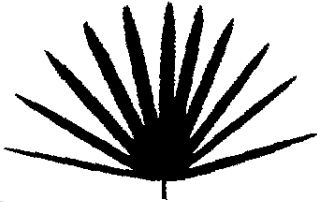
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SECRET
TALLAHASSEE, FLORIDA

05 SEP 26 PM 4:01

05 SEP 26 PM 4:01

RA chg.
SF



specialty management company
of central florida, inc.

September 12, 2005

c/o Ms. Carol Mustain
State of Florida
Division of Corporations
Amendment Section
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms. Mustain:

I am enclosing a check for Orchard Park Homeowners Association, which Matt Jordan of Specialty spoke to you about two weeks ago.

When the former management company terminated their contract with Orchard Park, they listed the president as the agent. We assume the 60 day notification was mailed to him and somewhere in that time frame, we took over and the information was not passed on to us.

I apologize for the payment being late and we will keep all forms on track with this association going forward.

Thank you for your help in this matter.

Sincerely,


Andrea L. Brackin

alb

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORCHARD PARK PROPERTY OWNERS ASSOC., INC.
(Name of corporation)

DOCUMENT NUMBER: NO10000061399

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:

ANDREA L. BRACKIN
(Name of contact person)

SPECIALTY MANAGEMENT CO., INC.
(Firm/Company)

882 JACKSON AVENUE
(Address)

WINTER PARK, FL 32789
(City/state and zip code)

For further information concerning this matter, please call:

ANDREA L. BRACKIN
(Name of contact person)

at (407) 647-2622
(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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(6/04)

40 CAROL MUSTAIN
- PERSONAL + CONFIDENTIAL

**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: ORCHARD PARK PROPERTY OWNERS ASSOCIATION, INC
2. The principal office address: 882 JACKSON AVE, WINTER PARK, FL 32789
3. The mailing address (if different): 882 JACKSON AVE, WINTER PARK, FL 32789
4. Date of incorporation/qualification: 2/27/2001 Document number: NO1000001399
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NONE (RESIGNED)

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

ANDREA L. BRACKIN

882 JACKSON AVENUE

(P.O. Box NOT acceptable)

WINTER PARK, FL 32

FILED
05 SEP 26 PM 4:01
TALLAHASSEE, FLORIDA
STATE

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.

Eric S. Fedrick SR.
(Signature of an officer or director)

Eric S. Fedrick SR.
(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.

Andrea L. Brackin
(Signature of Registered Agent)

9/2/05
(Date)

If signing on behalf of an entity:

ANDREA BRACKIN
(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