

746348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

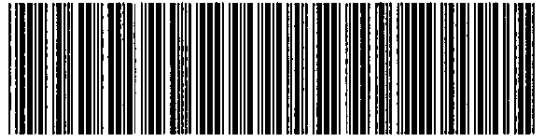
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASCM
8/30/09



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seagrove Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 746348

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:

Alan Romano
Name of Contact Person

A.R. Choice Management, Inc.
Firm/Company

333-17th Street, Suite 2L
Address

Vero Beach, FL 32966
City/State and Zip Code

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

For further information concerning this matter, please call:

Charity Gruwell at (772) 567-0802
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

July 8, 2009

ALAN ROMANO
333 17TH STREET, SUITE 2L
VERO BCH, FL 32960

SUBJECT: SEAGROVE PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: 746348

We have received your document for SEAGROVE PROPERTY OWNERS 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 609A00023347

Seagrove Property Owners Association, Inc.

c/o A.R. Choice Management, Inc.

333 17th Street, Suite 2-L ~ Vero Beach, FL 32960

Phone (772) 567-0808 ~ Fax (772) 567-2551

Charity@ARChoice.com ~ Melr0415@yahoo.com

July 23, 2009

Florida Department of State
Division of Corporations
Attention: Carol Mustain
Regulatory Specialist II
P.O. Box 6327
Tallahassee, FL 32314

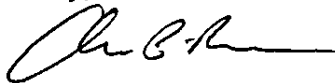
RE: Letter number 609A00023347
Seagrove Property Owners Association, Inc.

Please find the attached corrections to the Registered Agent information.

Island House Management is no longer the Registered Agent. Please remove said company from all correspondence and add A.R. Choice Management as indicated on the revised form.

If you have any questions concerning the document, please feel free to contact my office.

Sincerely,



Alan P. Romano
President
A.R. Choice Management, Inc.

**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: Seagrave Property Owners Association, Inc.
2. The principal office address: 333-17th Street, Suite 2L
Vero Beach, FL 32960
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/15/86 Document number: 746348
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):

Alan Romano / AR Choice Management, Inc.
333-17th Street, Suite 2L
Vero Beach, FL 32960

P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Charity Gruwell
Signature of an officer or director

Charity Gruwell
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.

Ch. P. R.
Signature of Registered Agent

6.25.09
Date

If signing on behalf of an entity:

Title 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)