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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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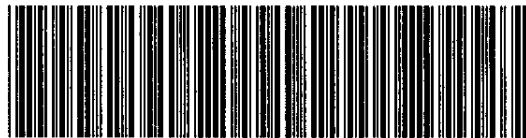
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 JAN 16 PM 4:03

JAN 21 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summer Brook Preserve Homeowners Association
Name of Corporation

N99000000101
DOCUMENT NUMBER:

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:

Karl Thal

Name of Contact Person

Firm/Company

PO BOX 410850

Address

Melbourne, FL 32941

City/State and Zip Code

summerbrookpreservehoa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Sackler

321

506-6878

Name of Contact Person

at ()

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

December 23, 2014

KARL THAL
PO BOX 410850
MELBOURNE, FL 32941 US

SUBJECT: SUMMER BROOK PRESERVE HOMEOWNERS ASSOCIATION,
INC.

Ref. Number: N99000000101

We have received your document for SUMMER BROOK PRESERVE 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 principal address must be at a street address. A post office box is not acceptable. Please correct section 2.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 114A00027151

**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: Summer Brook Preserve Homeowners Association, Inc.
2. The principal office address: 2611 Englewood Drive, Melbourne, FL 32940

3. The mailing address (if different): PO BOX 410850, Melbourne, FL 32941

4. Date of incorporation/qualification: 01/06/1999 Document number: N99000000101

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)

Robert Nicolette (RESIGNED)

2682 Englewood Drive

Melbourne, FL 32940

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

Karl Thal

2611 Englewood Drive

P.O. Box NOT acceptable

Melbourne, FL 32940

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.

David Sackler
Signature of an officer or director

David Sackler, Treasurer

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]
Signature of Registered Agent

January 11, 2015

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA
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