NO4 000000728

(Requestor's Name)	300357902343/	
(Address)		
(Address)		
(City/State/Zip/Phone #)	. 01/15/2101014004	**35 . (
(Business Entity Name)		
(Document Number) Certified Copies Certificates of Status	APR OF LAI	295111.
Special Instructions to Filing Officer:		2021 N. 1.1 P.: 10: 55

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2021

JAN MCCLANAHAN 13350 W COLONIAL DRIVE STE 330 WINTER GARDEN, FL 34787

SUBJECT: DEERFIELD PLACE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N0400000728

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

THE NAME OF THE NEW REGISTERED AGENT SHOULD BE SPELLED OUT AS IT APPEARS ON OUR WEBSITE.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 521A00004678

2021 HAR 17 PM 5: 32

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DEERFIELD PLACE HOMEOWNERS ASSOCIATION, INC. Name of Corporation
Name of Corporation
DOCUMENT NUMBER: N04000000728
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:
Jan McClanahan
Name of Contact Person
Southwest Property Management of Central FL Inc.
Firm/Company
13350 W Colonial Drive Ste 330
Address
Winter Garden, FL 34787
City/State and Zip Code
jan@swpmcfl.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jan McClanahan 21 (407) 656-1081
Name of Contact Person at (100) 030-1001 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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

COVER LETTER

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. The code de Daytille Telephone Number

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Amendment Section
Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: DEERFIELD PLACE HOMEOWNERS ASSOCIATION INC.	
1. The name of the corporation: DEERFIELD PLACE HOMEOWNERS ASSOCIATION INC.	
2. The principal office address: c/o Southwest Property Management of Central FL Inc.	
13350 W Colonial Drive Ste 330 Winter Garden, FL 34787	
3. The mailing address (if different): P. O. Box 783367 Winter Garden, FL 34778	
4. Date of incorporation/qualification: 01/21/2004 Document number: N04000000728	
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)	
Sentry Management Inc.	
2180 West SR 434 Ste 5000	
Longwood ,FL 32779)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1.
c/o Southwest Property Management of Cntrl Fl, Inc.	_
13350 W Colonial Drive Ste 330	Pi: 10:
P.O. Box NOT acceptable Winter Garden, FL 34787	0:55
The street address of its registered office and the street address of the business office of its registered agost changed will be identical.	ent,
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Printed or typed name and fill	4
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance the proper and complete performance that is being filed merely to reflect a change in the registered office address, I hereby confirm that the proper and complete performance the proper and complete performance that is being filed merely to reflect a change in the registered office address, I hereby confirm that the properties of the properties and the properties of the prop	nce this the
1.6	
Signature of Registered Agent 1/11/21 Date	-
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
CR2E045 (04/13)