

7-0053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

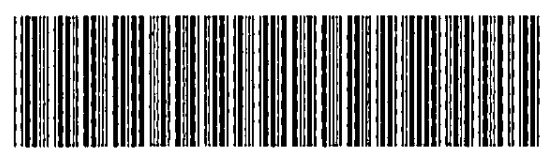
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JQ 10/20/20

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2020 SEP 14 AM 10:45
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Four Seasons of DeLand Condominium Association Inc.
Name of Corporation

DOCUMENT NUMBER: 729053

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:

Tracey Colton
Name of Contact Person
Four Seasons of DeLand Condominium Association Inc.
Firm/Company
600 N. Boundary Ave. Office
Address
DeLand, FL 32720
City/State and Zip Code
4seasons.treasurer@gmail.com

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

For further information concerning this matter, please call:

Tracey Colton at (386) 873-4685
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Four Seasons of DeLand Condominium Association Inc.
- 2. The principal office address: 600 N. Boundary Ave., Office, DeLand, FL 32720
- 3. The mailing address (if different): N/A
- 4. Date of incorporation/qualification: 03/13/1974 Document number: 729053
- 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)

Wiemer, June, Treasurer -RESIGNED
600 N. Boundary Ave. Office
DeLand, FL 32720

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

Colton, Tracey, Treasurer
600 N. Boundary Ave. Office
DeLand, FL 32720
P.O. Box NOT acceptable

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 TALLAHASSEE, FL

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.

Janice A. Morris
 Signature of an officer or director

Janice Morris, 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.

Tracey Colton
 Signature of Registered Agent

9/9/2020
 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
 CR2E045 (04/13)