

747833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

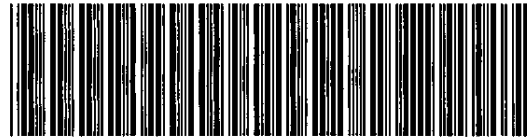
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Summit Condominium Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 747833

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:

Mara Alyson

Name of Contact Person

Mara Alyson, P.A.

Firm/Company

11760 West Sample Road, Suite 105

Address

Coral Springs, FL 33065

City/State and Zip Code

mara@alysonlaw.com

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

For further information concerning this matter, please call:

Mara Alyson

Name of Contact Person

at ( 954 ) 300-2461

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

**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: The Summit Condominium Association, Inc.  
2. The principal office address: 9700 East Bay Harbor Drive  
Bay Island, FL 33154  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 06/27/1979 Document number: 747833  
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)

Mara Alyson, P.A.

10100 West Sample Road, Suite 101

Coral Springs, FL 33065

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

Mara Alyson, P.A.

11760 West Sample Road, Suite 105

P.O. Box NOT acceptable

Coral Springs, FL 33065

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.

M Alyson  
Signature of an officer or director

Mara Alyson, President / Attorney  
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.*

M Alyson  
Signature of Registered Agent

February 12, 2014  
Date

If signing on behalf of an entity:

Mara Alyson

Typed or Printed Name

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

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