

747833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 12 2016
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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, Esq.

Name of Contact Person

Saavedra Goodwin

Firm/Company

312 S.E. 17th St., Second Floor

Address

Ft. Lauderdale, FL 33316

City/State and Zip Code

malyson@saavlaw.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) 767-6333

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: 6/27/1979 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, Esq.

Mara Alyson, P.A.

11760 W. Sample Rd., Ste 105, 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, Esq., Saavedra Goodwin

312 S.E. 17th Street, Second Floor

P.O. Box NOT acceptable

Fort Lauderdale, FL 33316

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.

Malyson

Signature of an officer or director

Mara Alyson, Attorney in Fact

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.

Malyson

Signature of Registered Agent

1/4/16

Date

If signing on behalf of an entity:

Mara Alyson

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