

758369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

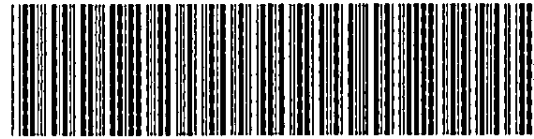
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JUL 11 2019

C Kinsey

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ARROW TRAILS HOMEOWNERS ASSOCIATION, INC  
Name of Corporation

DOCUMENT NUMBER: 758369

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:

NATHAN WADE  
Name of Contact Person

TAMARA PROPERTY MANAGEMENT, INC  
Firm/Company

4645 S. CLYDE MORRIS BLVD SUITE 401  
Address

PORT ORANGE, FL 32129  
City/State and Zip Code

nwade@tamcapm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN YOUNG at ( 386 ) 361-5777  
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  
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: ARBOR TRAILS HOMEOWNERS ASSOCIATION
2. The principal office address: 17 GLEN ARBOR  
ORLANDO BEACH, FL 32174
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/20/1981 Document number: 758369
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)

SHERY CLIFTON \* RESIGNED \*  
1326 S. RIDGWOOD AVE #14  
DAYTONA BEACH, FL 32114

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

TOMOMA PROPERTY MANAGEMENT, INC  
NATHAN WADE  
4645 S. CLYDE MORRIS BLVD SUITE 401  
P.O. Box NOT acceptable  
PORT ORANGE, FL 32129

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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.

Mary Harayda  
Signature of an officer or director

MARY HARAYDA, PRESIDENT  
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

6-25-19  
Date

If signing on behalf of an entity:

NATHAN WADE  
Typed or Printed Name

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