

N 00000000 4856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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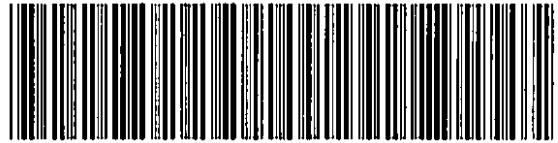
(Business Entity Name)

(Document Number)

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SEP 25 2019

2019 SEP 23 PM 4:46

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2019

MONIQUE DANN
THE SAVARIS GROUP, LLC HOA MANAGER
2504 AVE G NW
WINTER HAVEN, FL 33880

SUBJECT: DINNER LAKE SHORES HOME OWNERS ASSOCIATION, INC.
Ref. Number: N00000004856

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):

PLEASE CHANGE THE ADDRESS LISTED ON ITEM #5 TO THE ADDRESS LISTED ON THE PRINTOUT PROVIDED.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 119A00018763

2019 SEP 23 PM 12:22

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dinner Lake Shores Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000004856

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:

Monique Dann, CAM

Name of Contact Person

The Savaris Group, LLC

Firm/Company

2504 AVE G NW

Address

Winter Haven, FL 33880

City/State and Zip Code

Savaris.Group@hotmail.com ✓

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

For further information concerning this matter, please call:

Monique Dann

Name of Contact Person

at (863) 229-2839

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: Dinner Lake Shores Homeowners Association, Inc.
2. The principal office address: 2504 Ave G NW
Winter Haven, FL 33880
3. The mailing address (if different): same

4. Date of incorporation/qualification: 7/20/2000 Document number: N00000004856

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)

Resigned 7/22/19 Evergreen Lifestyle Management, LLC

1925 E. Edgewood Drive Suite 100

Lakeland, FL 33803

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

Monique Dann, CAM

2504 Ave G NW

P.O. Box NOT acceptable

Winter Haven, FL 33880

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STATE OF FLORIDA
TALLAHASSEE

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.

Gaye Williams
Signature of an officer or director

Gaye Williams, 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.

Monique Dann CAM
Signature of Registered Agent

9/18/19

Date

If signing on behalf of an entity:

Monique Dann, CAM

Typed or Printed Name

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