

NO20000006191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

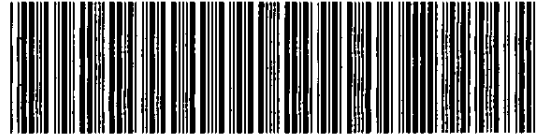
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/08/10--01044--012 **35.00

EA Change

2010 FEB -8 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AR
2/19/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summerport Residential Property Owners Association
Name of Corporation

DOCUMENT NUMBER: N02000006191

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:

Janice Armstrong
Name of Contact Person

Greystone Management Inc.
Firm/Company

1936 Lee Road, Suite 250
Address

Winter Park, FL 32789
City/State and Zip Code

service@greystone-mgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Nieves at (407) 645-4945 ext. 113
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Summerport Residential Property Owners Association Inc.
2. The principal office address: 14501 Bluebird Park Road, Windermere, FL 32786

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/15/2002 Document number: N02000006191

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

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

GREYSTONE MANAGEMENT INC

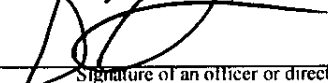
1936 LEE ROAD, SUITE 250

P.O. Box NOT acceptable

WINTER PARK, FL 32789

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.

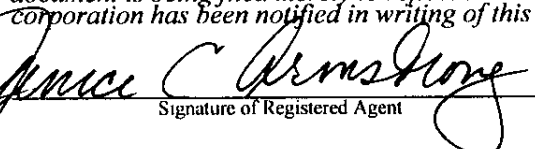


Signature of an officer or director

Doug STAFFORD - 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 of Registered Agent

2/13/10

Date

If signing on behalf of an entity:

GREYSTONE MANAGEMENT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA