ND2410

(Re	equestor's Name)	,
. (Ad	ddr ess)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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STUDIES OF CORPORATION

P.A. Change C.COULLIETTE

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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Summerwind Roadowners Maintenance Assn, Inc. Name of Corporation
DOCUMENT NUMBER: NO2410
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:
Mary Garner Name of Contact Person
Summerwind Roadowners Maintenance Assn Firm/Company
344 Summerwind Circle N. Address
Crawford ville, FL. 32327 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rodney Granger at (850) 421-6961 Name of Contact Person at (850) 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: Summerwind Roadowners Maintenance Assn., Inc
2. The principal office address: Co Mary Garner, 344 Summerwind Circle N.
Crawfordville, FL 32327
3. The mailing address (if different): Summerwind Roadowners Maintenance Assn
P.O. Box742, Woodville, FL. 32362
4. Date of incorporation/qualification: 4/6/84 Document number: NO2410
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)
Susan Sentman (resigned)
293 Summerwind Circle N.
Crawford ville, FL. 32327 6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mary Garner
344 Summerwind Circle N. P.O. Box NOT acceptable
Crawfordville, FL. 32327
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.
Roduce Granger Protector Roduce Granger Ares. Signaphie of an office for thrector
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.
Mary B. Assurer 11-17-10 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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