

702410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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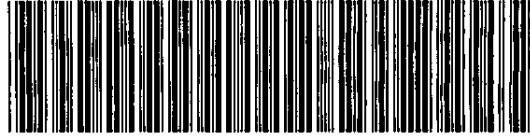
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2016 FEB 03 2017  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Summerwind Roadowners Maintenance Assn., Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N02410

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

Crawfordville FL 32327  
City/State and Zip Code

mebgarner@gmail.com  
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 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: 40 Mary Garner, 344 Summerwind Circle N.  
Crawfordville FL 32327
3. The mailing address (if different): \_\_\_\_\_

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)

Mariah Thompson (resigned)  
116 Blueberry Lane  
Crawfordville FL 32327

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

Mary Garner (new registered agent)  
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.

Rodney Granger  
Signature of an officer or director

Rodney Granger, 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.*

Mary B. Garner  
Signature of Registered Agent

2-2-16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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