

**N03000002776**

\_\_\_\_\_  
(Requestor's Name)  
**COASTAL MANAGEMENT SERVICES**  
**PO BOX 1407**  
**PORT RICHEY, FL 34673**  
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 JUN 10 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BY: JUN 04 2009

June 1, 2009

COASTAL MANAGEMENT SERVICES  
P O BOX 1407  
PORT RICHEY, FL 34673

SUBJECT: THE GREENS AT SUMMERTREE HOMEOWNERS ASSOCIATION,  
INC.

Ref. Number: N03000002776

We have received your document for THE GREENS AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 309A00018275

RECEIVED  
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TALLAHASSEE, FLORIDA

**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: The Greens At Summertree Homeowners Association, Inc.
2. The principal office address: 6710 Embassy Blvd Suite 206  
Port Richey FL 34668
3. The mailing address (if different): PO Box 1407  
Port Richey FL 34673
4. Date of incorporation/qualification: 4-1-03 Document number: N03000002776
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):

Coastal HOA Mgmt Serv. Inc  
6710 Embassy Blvd Suite 206  
(P.O. Box NOT acceptable)  
Port Richey FL 34668

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.

Philip A Bondi, TREASURER  
(Signature of an officer or director)

PHILIP A. BONDI, TREASURER  
(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)

5/14/09  
(Date)

If signing on behalf of an entity:

MARYANN MYSZKOWIAK  
(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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