

N03 000004301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

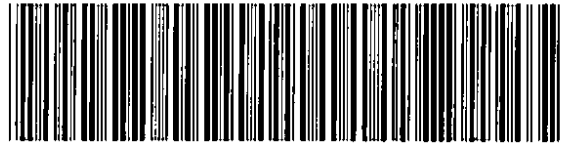
(Document Number)

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

Special Instructions to Filing Officer:

H/1

Office Use Only



200340595662

02/20/20--01025--005 \*\*\$5.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2020 APR - 1 PM 12:49

QM

H/12/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

APR 01 2020 11:11

March 23, 2020

JOHN MEYER  
1150 TAMANGO DR.  
WEST MELBOURNE, FL 32904

SUBJECT: TAMARIND ESTATES COMMUNITY ASSOCIATION, INC.  
Ref. Number: N03000004301

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 LIST A STREET ADDRESS FOR THE PRINCIPAL OFFICE ADDRESS  
IN SECTION #2 OF THE DOCUMENT.

*Corrections made on document as required*

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.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 020A00006280

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tamarind Estates Community Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N03000004301

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:

John Meyer

Name of Contact Person

Firm/Company

1150 Tamango Drive

Address

West Melbourne, FL 32904

City/State and Zip Code

tamarind.estates.treasurer@gmail.com

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

For further information concerning this matter, please call:

William McIlwarith

Name of Contact Person

at (443) 472-7106

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: Tamarind Estates Community Association, Inc.
2. The principal office address: PO Box 120126, West Melbourne, Florida 32912  
1150 Tamango Drive, West Melbourne FL 32904
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2003 Document number: N03000004301
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)

Tamarind Estates Community Association, Inc.

1150 Tamango Drive

West Melbourne, FL 32904

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

John Meyer

1130 Tamango Drive

P.O. Box NOT acceptable

West Melbourne, FL 32904

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.

Patricia Migliaccio  
Signature of an officer or director

Patricia Migliaccio (Secretary)

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.

John Meyer  
Signature of Registered Agent

2-14-20  
Date

If signing on behalf of an entity:

John Meyer

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  
CR2E045 (04/13)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2020 APR - 1 PM 12:49