

NO3000005606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2014

SILVER RIDGE OF DELAND HOMEOWNERS ASSOCIATION, INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

SUBJECT: SILVER RIDGE OF DELAND HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N03000005606

It has come to our attention through an audit of our records that your entity has improperly designated the address of your registered agent's office.

Florida law requires that an entity designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by March 11, 2014, your entity will be administratively dissolved. Please send this form back to my personal and confidential attention to ensure the proper filing of this document.

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) 245-6059.

Stacy Prather
Regulatory Specialist III

Letter Number: 014A00000376

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVER RIDGE OF DELAND HOA INC
Name of Corporation

DOCUMENT NUMBER: N03000005606

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:

ADRIANA ALBANESE
Name of Contact Person

ALBANESE HOLLANDER INC
Firm/Company

236 ASHFORD CT
Address

ORMOND BEACH, FL 32174
City/State and Zip Code

ADRIANA @ ALBANESE HOLLANDER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Albanese at (386) 846-5098
Name of Contact Person Area Code & Daytime Telephone Number

~~Printed Name of Contact Person~~

Mailing Address:

~~Division of Corporations~~
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

~~Division of Corporations~~
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: ALBANESE HOLLANDER INC
2. The principal office address: 236 ASHFORD CT
ORMOND BEACH FL 32174
3. The mailing address (if different): P.O. Box 4257
ORMOND BEACH, FL 32175-4257
4. Date of incorporation/qualification: _____ Document number: NO300 000 5606
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)

ALBANESE HOLLANDER INC
PO Box 4257
ORMOND BEACH FL 32175-4257

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

ALBANESE HOLLANDER INC
236 ASHFORD CT
P.O. Box NOT acceptable
ORMOND BEACH FL 32174

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.

Jonathan Flint
Signature of an officer or director

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.

Adriana Albanese
Signature of Registered Agent

1/8/14
Date

If signing on behalf of an entity:

ADRIANA ALBANESE
Typed or Printed Name

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA