

No 4000009080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

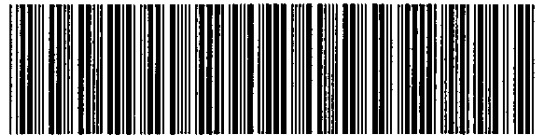
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000157823600

07/06/09--01017--010 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL - 6 PM 1:55

FILED

R-A. Charge
C.COULLIETTE

JUL 07 2009

EXAMINER



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Black Bear Reserve Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO4000009080

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:

Alan Romano
Name of Contact Person

A.F. Choice Management, Inc.
Firm/Company

333-17th Street, Suite 2L
Address

Vero Beach, FL 32960
City/State and Zip Code

charity@archoice.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Charity Brunell at (772) 567-0808
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: Black Bear Reserve Property Owners Association, Inc.
2. The principal office address: 333-17th Street
Vero Beach, FL 32960
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/22/04 Document number: NO4000009080

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)

Charity Gruwell
3885-20th Street, Suite 202
Vero Beach, FL 32960

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

Man Romano/AR Choice Management, Inc.
333-17th Street, Suite 2C
Vero Beach, FL 32960

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL - 6 PM 1:55

FILED

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.

Charity Gruwell
Signature of an officer or director

Charity Gruwell, CHM
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.

Ch. P. R.
Signature of Registered Agent

6.25.09
Date

If signing on behalf of an entity:

Charity Gruwell
Typed or Printed Name

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