

N050000003162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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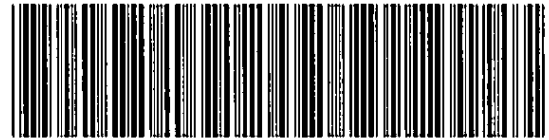
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2021

NICOLE WASLOSKI
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

SUBJECT: THE CONSERVATORY PROPERTY OWNERS' ASSOCIATION,
INC.
Ref. Number: N05000003162

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):

The registered agent must sign accepting the designation.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 621A00014352

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Conservatory Property Owners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000003162

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:

Nicole Wasloski

Name of Contact Person

MAY Management Services

Firm/Company

5455 A1A South

Address

St. Augustine, FL 32080

City/State and Zip Code

nwasloski@mayresort.com

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

For further information concerning this matter, please call:

Nicole Wasloski

Name of Contact Person

at (904) 940-1002 x117
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: The Conservatory Property Owners' Association, Inc.

2. The principal office address: 5455 A1A South
St. Augustine, FL 32080

3. The mailing address (if different):
EFFECTIVE DATE: 5/15/21

4. Date of incorporation/qualification: 03/28/2005 Document number: N05000003162

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)

Southern States Management Group, Inc.
2 Camino Del Mar
Palm Coast, FL 32137

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

MAY Management Services
5455 A1A South
P.O. Box NOT acceptable
St. Augustine, FL 32080

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.

Todd Stewart

Signature of an officer or director

Todd Stewart, President Conservatory POA

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.

Cath Mos

Signature of Registered Agent

05/14/21

Date

If signing on behalf of an entity:

Nicole Wasloski

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