

**NOS 000007623**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H24000192547 3)))



H240001925473ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : MILAM HOWARD, ET.AL.  
Account Number : I2000000206  
Phone : (904)357-3660  
Fax Number : (904)357-3661

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: RA@MHCorpServices.com

2024 MAY 31 AM 9:20  
**FILED**

**REGISTERED AGENT CHANGE  
SUMMER HOUSE IN OLD PONTE VEDRA CONDOMINIUM  
ASSOCIAT**

2024 MAY 31 PM 4:11

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Summer House in Old Ponte Vedra Condominium Association  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

Shannon Kolacz  
Name of Contact Person  
Summer House in Old Ponte Vedra Condominium Association  
Firm/Company  
700 Ocean Place  
Address  
Ponte Vedra Beach FL 32082  
City/State and Zip Code

Shannon.Kolacz@fsresidential.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Kolacz at ( 904 ) 285-4200  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 MAY 31 AM 9:20  
FILED  
AMENDMENT SECTION

**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: Summer House in Old Ponte Vedra Condominium Association, Inc.
- 2. The principal office address: 700 Ocean Place Ponte Vedra Beach FL 32082
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 07/25/2005 Document number: N05000007623
- 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)

Cherneski John C W  
14 East Bay St  
Jacksonville FL 32202

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

MH Corporate Services, Inc  
14 East Bay St  
 \_\_\_\_\_  
 P.O. Box NOT acceptable  
Jacksonville FL 32202

FILED  
 2024 MAY 31 AM 9:20  
 FLORIDA DEPARTMENT OF STATE

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.

*James Gallaway*  
 Signature of an officer or director

James Gallaway, 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.

*[Signature]*  
 Signature of Registered Agent

May 7, 2024  
 Date

If signing on behalf of an entity:  
Peter Nicandri, Director  
 Typed or Printed Name

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