

NO5000012804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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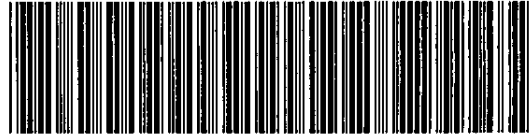
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
RECORDS SECTION

*RA change*

FEB -3 2012

T. LEWIS

8105  
POSTED  
12/29/11

**SERRAVELLA**  
BARBARA H. STEVENS  
445 WYMORE RD.  
ALTAMONTE SPRINGS, FL. 32714  
PROPERTY MANAGED BY  
COLDWELL BANKER COMM. MKT. MAJTLAND, FLORIDA  
Tel: 407 389 0857  
pserravella@cfllr.com  
after hours emergency only OWNERS:  
407 619 9130

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Serravella at Spring Valley Condominiums  
Name of Corporation

**DOCUMENT NUMBER:** CFN# 2006146374

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:

Barbara H. Stevens  
Name of Contact Person

Serravella at Spring Valley Condominiums  
Firm/Company

445 Wymore Rd  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

pserravella@cfllr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara H. Stevens L.C.A.M. at (407) 389-0287  
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

Florida



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2012

SERRAVELLA AT SPRING VALLEY CONDOMINIUM  
% COLDWELL BANKER COMMERCIAL NRT  
901 N. LAKE DESTINY DRIVE, SUITE 110  
MAITLAND, FL 32751

SUBJECT: SERRAVELLA AT SPRING VALLEY CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N05000012804

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 612A00000765

**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: Serravella at Spring Valley Condominiums Association, Inc
- 2. The principal office address: 445 Wy more Rd  
Altamonte Springs, Fl. 32714
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/21/05 Document number: ND5000012804

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)

Robin L. Webb  
Coldwell Banker Commercial, NRI  
901 N. Lake Destiny Dr. Suite 110  
Maitland, Fl. 32751

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

Duff Rubin Coldwell Banker Commercial  
3837 NW Boca Raton Blvd.  
Boca Raton, Fl. 33431

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 this change.

[Signature]  
Signature of an officer or director

Stevie Rasbach VP/Treas  
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

12-18-2011  
Date

If signing on behalf of an entity:  
Barbara H. Stevens L.C.A.M  
Typed or Printed Name

**SIGN HERE**

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
FEB - 3 PM 12:17  
DIVISION OF CORPORATIONS