

NO5000012804

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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12 FEB -3 PM 12:17
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FEB 14 2012

RA change

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T. LEWIS

8105
POSTED
12/29/11

BARBARA H. STEVENS
445 WYMORE RD.
ALTAMONTE SPRINGS, FL 32714
PROPERTY
MANAGED
BY
COLDWELL
BANKER
COMM.NKT
MAITLAND,
FLORIDA
BR: 407 389 0857
pserravella@clb.fl.com
after hours emergency only OWNERS:
407 619 9130
May I have this signed?
Thank you Barbara

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 Wy more Rd
Address

Altamonte Springs, FL 32714
City/State and Zip Code

pserravella@clb.fl.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 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
P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

Stevie Rosbach 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