

N 05474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

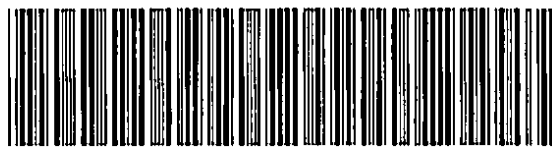
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STATE OF FLORIDA
TALLAHASSEE, FL

2019 JAN 18 PM 2:43

FILED

C. GOLDEN

JAN 23 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEERWOOD COMMUNITY ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05476

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:

KATHERINE PASS, CORPORATE MANAGER

Name of Contact Person

PINNACLE ASSOCIATION MANAGEMENT, LLC DBA WATSON ASSOCIATION MANAGEMENT

Firm/Company

430 NW LAKE WHITNEY PLACE

Address

PORT ST. LUCIE, FL 334986

City/State and Zip Code

KATHYPASS@WATSONREALTYCORP.COM

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

For further information concerning this matter, please call:

KATHERINE PASS

Name of Contact Person

at (772) 871-0004

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

File #	5040
Date	11/19
Initial	WP
Other	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2018

KATHERINE PASS
430 NW LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986

SUBJECT: DEERWOOD COMMUNITY ASSOCIATION, INC.
Ref. Number: N05476

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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The entity's date of incorporation/organization must be listed in the document.

Please add the corporations document number and remove the DBA name from the registered agents name.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 418A00025743

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: DEERWOOD COMMUNITY ASSOCIATION, INC.
2. The principal office address: 435 S. YONGE STREET, SUITE 3
ORMOND BEACH, FL 32174
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/4/1984 Document number: N05476
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)

Gilleland, Chris D.
101 South Palmetto Drive
Suite 5
Daytona, FL 32114

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

PINNACLE ASSOCIATION MANAGEMENT, LLC.

430 NW LAKE WHITNEY PLACE

P.O. Box NOT acceptable

PORT ST LUCIE, FL 34986

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.

Michael Kwiecinski
Signature of an officer or director

Michael Kwiecinski
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.

Katherine Pass
Signature of Registered Agent

11/16/18
Date

If signing on behalf of an entity:

KATHERINE PASS
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
(CR2B045 (03/12))

FILED
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TALLAHASSEE, FL
DIVISION OF STATE