

ND60000006033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SEP 26 2013
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@ 9.30.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Notting Hill at Oakmonte Condo Assoc, Inc
Name of Corporation

DOCUMENT NUMBER: NO6000006033

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:

Gina Holbrook

Name of Contact Person

Premier Association Mgmt

Firm/Company

725 Primera Blvd, Suite 115

Address

Lake Mary, FL 32746

City/State and Zip Code

Gina.Holbrook@premiermgmtcfl.com

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

For further information concerning this matter, please call:

Gina Holbrook

Name of Contact Person

at 407 333-7787

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

RECEIVED
SEP 26 2013

BY:

September 18, 2013

GINA HOLBROOK
PREMIER ASSOCIATION MGMT
725 PRIMERA BLVD - STE. 115
LAKE MARY, FL 32746

SUBJECT: NOTTING HILL AT OAKMONTE CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N06000006033

We have received your document for NOTTING HILL AT OAKMONTE
CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

Please complete the document in its entirety.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 313A00021910

**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: Notting Hill at Oakmonte Condo Assoc
2. The principal office: Premier Association Management of
Central Florida
725 Primera Blvd, Suite 115
Lake Mary, FL 32746
3. The mailing address: "Same"

4. Date of incorporation/qualification: 8/1/13 Document number: NO6000006033

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)

Larsen & Associates, P.L.

300 S. Orange Ave, Suite 1200

Orlando, FL 32801

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

Premier Association Management of Central Florida INC

725 Primera Blvd, Suite 115

P.O. Box NOT acceptable

Lake Mary, FL 32746

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

[Signature]
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

8/19/13
Date

If signing on behalf of an entity:

[Signature]
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

CR2E045 (03/12)

13 SEP 25 PM 3:58
FILED
CLERK OF THE
DIVISION OF
CORPORATIONS
TALLAHASSEE, FL