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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

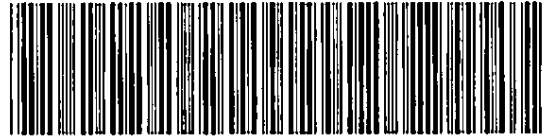
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DIVISION OF CORPORATIONS
20 JAN 30 PM 6:40

RA Change

FEB 03 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Terraces at Reunion Condominium

Name of Corporation

DOCUMENT NUMBER: N06000006469

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:

Theresa Sutherland

Name of Contact Person

Sutherland Management Inc.

Firm/Company

107 N. Line Drive

Address

Apopka, FL 32703

City/State and Zip Code

falmonte@sutherlandmanagement.com

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

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For further information concerning this matter, please call:

Theresa Sutherland

Name of Contact Person

at (407) 774-7262

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

POSTED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2020

THERESA SUTHERLAND
SUTHERLAND MANAGEMENT INC
107 N LINE DRIVE
APOPKA, FL 32703

SUBJECT: TERRACES AT REUNION CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000006469

We have received your document for TERRACES AT REUNION 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):

This application must have 2 signatures. You are missing the officer/directors 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.

Diane Cushing
Senior Section Administrator

Letter Number: 420A00001042

2020 JAN 20 PM 12:11

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: Terraces at Reunion Condominium Association, Inc.
2. The principal office address: 107 N. Line Drive
Apopka, FL 32703
3. The mailing address (if different): same
4. Date of incorporation/qualification: 6-15-2006 Document number: N06000006469

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)

Wilson, Sarah Esq

111 North Orange Avenue

Orlando, FL 32801

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

Theresa Sutherland

107 N. Line Drive

P.O. Box NOT acceptable

Apopka, FL 32703

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

S. Lischynsky
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

11-12-19

Date

If signing on behalf of an entity:

TERESA SUTHERLAND
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)

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DIVISION OF CORPORATIONS
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