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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Four Seasons Estates Resident Owned Community, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000007807

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:

Daniel J. Greenberg

Name of Contact Person

Cianfrone, Nikoloff, Grant & Greenberg, P.A.

Firm/Company

1964 Bayshore Boulevard, Suite A

Address

Dunedin, FL 34698

City/State and Zip Code

law@attorneyjoe.com

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

For further information concerning this matter, please call:

Daniel J. Greenberg

Name of Contact Person

at (727) 738-1100

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Four Seasons Estates Resident Owned Community, Inc.  
2. The principal office address: 5901 U.S. Highway 19, Suite 7Q, New Port Richey, FL 34652

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 7/24/2006 Document number: N06000007807  
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)

Qualified Property Management, Inc.  
5901 U.S. Highway 19, Suite 7Q  
New Port Richey, FL 34652

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

Cianfrone, Nikoloff, Grant & Greenberg, P.A.  
1964 Bayshore Boulevard, Suite A  
P.O. Box NOT acceptable  
Dunedin, FL 34698

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.

Ronald J. Kelly  
Signature of an officer or director

Ronald J. Kelly / VP  
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

4-23-21  
Date

If signing on behalf of an entity:

Daniel J. Greenberg  
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 (04/13)