

NO6000011959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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*RA
Change*

12/16/10--01005--001 **35.00

FILED
2010 DEC 16 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/17/10



GREENSPOON MARDER, P.A.

ATTORNEYS AT LAW

From the Desk of:

Amy Xanders
Legal Assistant to David R. Lenox
Capital Plaza I, Suite 500
201 East Pine Street
Orlando, Florida 32801
Phone: (407) 425-6559 Ext. 2408
Fax: (407) 422-6583
Email: Amy.Xanders@gmlaw.com

December 13, 2010

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Meridian Palms Commercial Condominium Association, Inc.

Dear Sir/Madam:

Enclosed please find an original Statement of Change of Registered Agent for the above referenced corporation. Also enclosed is our firm check #26946 in the amount of \$35.00 representing the required filing fee.

Please let me know if you have any questions.

Very truly yours,

GREENSPOON MARDER, P.A.

Amy Xanders
Legal Assistant to David R. Lenox, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Meridian Palms Commercial Condominium Association
Name of Corporation

DOCUMENT NUMBER: N06000011959

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:

David R. Lenox
Name of Contact Person

Greenspoon Marder, PA
Firm/Company

201 E. Pine Street, Suite 500
Address

Orlando, Florida 32801
City/State and Zip Code

david.lenox@gmlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Lenox at (407) 425-6559
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

**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: Meridian Palms Commercial Condominium Association, Inc.

2. The principal office address: 3000 Maingate Lane, Kissimmee, Florida 34747

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 11/16/2006 Document number: N06000011959

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)

Karin Dutton

22 W. Monument Ave., Suite 1

Kissimmee, FL 34741

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

David R. Lenox

201 E. Pine Street, Suite 500

P.O. Box NOT acceptable

Orlando, FL 32801

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 of an officer or director

STUART HINCE, BOARD PRESIDENT
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 of Registered Agent

December 13 2010
Date

If signing on behalf of an entity:

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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA