

NO70000006119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

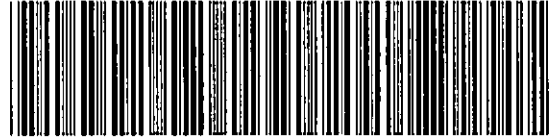
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600343415726

04/23/20--01024---017 \$35.00

20 APR 23 AM 9:21
e 300-310-1411
e 300-310-1411

MAY 05 2020
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALMER OAKS MASTER ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N07000006119

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:

SERENA SCHORTZMANN

Name of Contact Person

LIGHTHOUSE PROPERTY MANAGEMENT

Firm/Company

16 CHURCH STREET

Address

OSPREY, FL 34229

City/State and Zip Code

serena@mgmt.tv

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

For further information concerning this matter, please call:

SERENA SCHORTZMANN

Name of Contact Person

at (941) 460-5560 Ext 605
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

20 APR 23 AM 9:21

**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: PALMER OAKS MASTER ASSOCIATION, INC
2. The principal office address: C/O LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH STREET, OSPREY FL 34229
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/19/2007 Document number: N07000006119
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)

AMY MCKALLIP C/O WELLS | OLAH P.A.

1800 SECOND STREET, SUITE 808

SARASOTA, FL 34236

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

ERIC N. APPLETON, ESQ

APPLETON REISS

P.O. Box NOT acceptable

501 E. KENNEDY BLVD. SUITE 802, TAMPA, FL 33602

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

AMY MCKALLIP

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

3-16-20

Date

If signing on behalf of an entity:

SERENA SCHORTZMANN, CAM

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)

20 MAR 23 AM 9:28