

N10954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

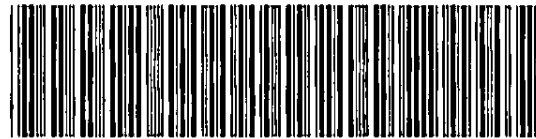
(Business Entity Name)

(Document Number)

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2020 26 APR 9:54

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANDY PINES MASTER ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: N10954

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:

KELLY TARANTO

Name of Contact Person

SANDY PINES MASTER ASSOCIATION

Firm/Company

2188 SPRING CREEK CIRCLE

Address

PALM BAY, FL 32905

City/State and Zip Code

kelly.s.taranto@gmail.com

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

For further information concerning this matter, please call:

KELLY TARANTO

Name of Contact Person

at (315) 778-0794
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

CR2E045 (04/13)