

N10954

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANDY PINES MASTER ASSOCIATION INC
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:

JOSEPH E VARGO JR

Name of Contact Person

SANDY PINES MASTER ASSOCIATION INC

Firm/Company

2276 SPRING CREEK CIR NE

Address

PALM BAY, FLORIDA 32905

City/State and Zip Code

JOEFFR@JOEFFR.COM

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

For further information concerning this matter, please call:

JOSEPH E VARGO JR

Name of Contact Person

at (440)

453-5007

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: SANDY PINES MASTER ASSOCIATION, Inc.
2. The principal office address: 2276 SPRING CREEK CIR NE PALM BAY FL. 32905

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/04/1985 Document number: N10954

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)

ARTHUR VINCENT CAPRARIO (RESIGNED)

2232 SPRING CREEK CIR NE

PALM BAY, FL 32905

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

JOSEPH E VARGO JR

2276 SPRING CREEK CIR NE

P.O. Box NOT acceptable

PALM BAY, FLORIDA 32905

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.

X Livia Korol
Signature of an officer or director

LIVIA KOROL, PRESIDENT, SPMA

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.

Joseph E. Vargo Jr
Signature of Registered Agent

OCTOBER 01, 2023

Date

If signing on behalf of an entity:

Livia Korol
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
CR21045 (04/13)