

# N15211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

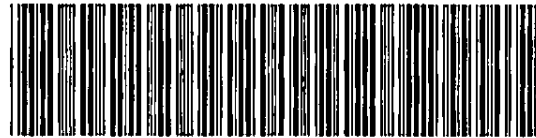
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. YOUNG

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MILLPOND TRACE CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N15211

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:

MaryAnn Syraski

Name of Contact Person

Coastal Hoa Mgmt serv, inc.

Firm/Company

P.O Box 1407

Address

Port Richey FL 34673

City/State and Zip Code

acctcoastalhoamgt@gmail.com

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

For further information concerning this matter, please call:

MaryAnn Syraski

Name of Contact Person

at ( 727 ) 859-9734

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MILLPOND TRACE CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 6454 Ridge Rd Port Richey FL 34668

3. The mailing address (if different): P.O Box 1407 Port Richey FL 34673

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N15211

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)

MONARCH ASSOCIATION MANAGEMENT, INC.

500 Alternate 19 South

Palm Harbor, FL 34683 US

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

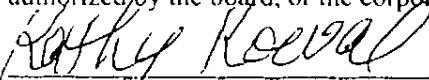
Coastal Hoa Mgmt serv. inc

6454 Ridge Rd Port Richey FL 34668

P.O. Box NOT acceptable

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

KOWALL, KATHY

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

11/13/19

Date

If signing on behalf of an entity:

MaryAnn Syraseki

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 (03/12)