

N24000000225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

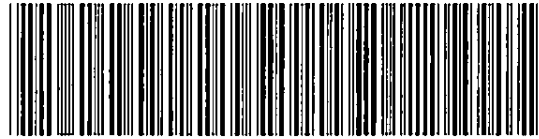
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STATE OF NEW YORK  
JAN 14 2025

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JAN 28 2025

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seasons at Bella Vista Homeowners Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N24000000225

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:

Amelia Kirkland  
Name of Contact Person

Garrison Property Services  
Firm/Company

28609 Highway 27 N.  
Address

Dundee, FL 33838  
City/State and Zip Code

amelia@garrisonland.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amelia Kirkland at (813) 439-6550  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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: SEASONS AT BELLA VISTA HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 28609 Highway 27 N.  
Dundee, FL 33838
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/08/2024 Document number: N24000000225
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)

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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

GARRISON PROPERTY SERVICES, LLC  
28609 Highway 27 N.  
Dundee, FL 33838

P.O. Box NOT acceptable

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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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]  
Signature of an officer or director

Erin M. Delany, VP  
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]  
Signature of Registered Agent

12-10-2024  
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 (04/13)