

N 28741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

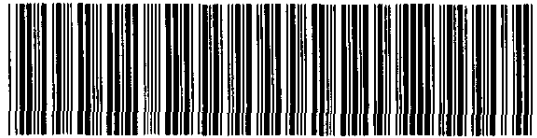
(Business Entity Name)

(Document Number)

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S TALLENT

FEB 26 2018

FILED

18 FEB 23 AM 10:40

STATE OF NEW YORK
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2018

JAN J. MCCLANAHAN
SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL
13350 W. COLONIAL DRIVE STE 330
WINTER GARDEN, FL 34787

SUBJECT: TOREY PINES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N28741

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00001905

RECEIVED
17 FEB 23 PM 12:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Torey Pines Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N28741

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:

Jan J. McClanahan

Name of Contact Person

Southwest Property Management of Central FL, Inc.

Firm/Company

13350 W. Colonial Drive Ste 330

Address

Winter Garden, FL 34787

City/State and Zip Code

jan@swpmcfl.com ✓

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

For further information concerning this matter, please call:

Jan McClanahan

Name of Contact Person

at (**407**) **656-1081**

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

1. The name of the corporation: Torey Pines Homeowners Association, Inc.
2. The principal office address: c/o Southwest Property Management of Central FL, Inc.
13350 W. Colonial Drive Ste 330 Winter Garden, FL 34787
3. The mailing address (if different): c/o Southwest Property Management of Central FL, Inc.
P. O. Box 783367 Winter Garden, FL 34778
4. Date of incorporation/qualification: 10/07/1988 Document number: N28741
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)

Associa/
Community Management Professionals
4700 Millenia Blvd.
Suite 515
Orlando, FL 32839

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

Southwest Property Management of Central FL, Inc.

13350 West Colonial Drive Ste 330

P.O. Box NOT acceptable

Winter Garden, FL 34787

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

Don McDaniel President
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

1/22/18
Date

If signing on behalf of an entity:

Gary Comstock

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

FILED
18 FEB 23 AM 10:40
STATE OF FLORIDA
DIVISION OF CORPORATIONS