1150748

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SECRETARY OF JAIR
TALLAHASSEE, FINSH

COVER LETTER

TO:	Amendmer Division of	nt Section Corporations				
SUBJ	ECT:	Summerfield Commun	ity Association, Inc.			
DOCU	JMENT NU	MBER:	N50748			
The er	closed State	ment of Change of Registered Offi	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
		-	-			
		Deborah	Ross, Esq			
	•	Name of C	ontact Person			
Ross Earle & Bonan, P.A. Firm/Company						
		rirm/C	company			
	790 C Endorel Highway Cuite 101					
	789 S Federal Highway, Suite 101 Address					
Stuart, FL 34994						
Stuart, FL 34994 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For fu	rther informa	tion concerning this matter, please	call:			
		Deborah Ross	at (772) 287-1745			
	Nan	ne of Contact Person	at (772) 287-1745 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 ÓF CHÂNGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida inge is submitted for a corporation organized under the laws of the State of _ ir to change its registered office or registered agent, or both, in the State of I	Florida
1. The name of	the corporation: Summerfield Community Association, Inc).
2. The principal Stuart, FL	office address: 6542 SE Twin Oaks Circle 34997	
_	oddress (if different): c/o The Continental Group, Inc., 2074 W Inc 0, Jupiter, FL 33458	liantown Road,
4. Date of incorp	poration/qualification: 09/08/1992 Document number:	N50748
	I street address of the current registered agent and registered office on file witness of State: (If resigned, enter resigned)	ith the
	Ross Earle & Bonan, P.A.	_
	759 S Federal Highway, Suite 212	
	Stuart, FL 34994	2 9 11 7.055
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	FEGRETIAN 24
	Ross Earle & Bonan, P.A.	_7; 3 M
	789 S Federal Highway, Suite 101 P.O. Box NOT acceptable	3 2
	Stuart, FL 34994	_
The street addreas changed will	ess of its registered office and the street address of the business office of i be identical.	ts registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.	n officer so
Signatu	Ton Grevers Ton Grevers Printed or typed name and to	RESIDENT
I hereby accept I further agree of my duties, ar document is bel corporation ha	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and count I am familiar with and accept the obligation of my position as registered in the merely to reflect a change in the registered office address, I here is been notified in writing of this change.	mplete performance ed agent. Or, if this by confirm that the
Sig	ngture of Registered Agent G/26/1/Date	
If signing on be ELIZASE ROSS EAG	chalf of an entity: THP BONAN FOR YELF LONG V. P.A. Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *