Division of Corporations

Page 1 of 1

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000259673 3)))



H120002596733ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: GREENSPOON MARDER, P.A. Account Name

Account Number : 076064003722 Phone

: (888)491-1120

Fax Number

: (954)343-6962

\*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please. \*\*

ja0024@earthlink.net Email Address:

REGISTERED AGENT CHANGE SUMMERHILL ESTATES HOMEOWNER'S ASSOCIATION, INC.

Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H12000259673 3

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiz r to change its registered office or register	ed under the laws	of the State of Florid	da	
1. The name of t	the corporation: Summerhill Estates office address: 8389 NW 57th Drive	Homeowner'	s Association,	Inc.	
3. The mailing a	ddress (if different): PO Box 9195, C	Coral Springs,	FL 33075	,	
4. Date of incorp	poration/qualification: 08/07/1993	Document nu	mber; N930000	02555	<u> </u>
	i street address of the current registered agr iment of State: (If resigned, enter resigned		office on file with th	16	
	Shendell & Associates, P.A.				
	3650 North Federal Highway,	#202			
	Lighthouse Point, FL 33064			SE(	
6. The name and (if changed):	i street address of the new registered agent	(if changed) and /	or registered office	SECRETARY ALLAHASSE	} 
	Greenspoon Marder, P.A., Aitr	n: Larry Corm	an, Esq.	m⊸. w	, E
	2255 Glades Rd., Suite 414-E			AHIO:	
	Boca Raton, FL 33431	cepiabla		ID: 47	
The street addre	ess of its registered office and the street as be identical.	idress of the busin	ces office of its reg	istered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted b ie board, or the corporation has been notif	y its board of dire	ctors or by an offic he change.	er so	
2 Stabelli	To of all officer of director	Jerry Printed of	Alsono and title	rector_	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and to comply with the provisions of all statute my duites, and I am familiar with and access document is being filed merely to reflect that the corporation has been notified in	agree to act in this is relative to the p ept the obligation t a change in the i writing of this cha	s capacity, proper and complete of my position as t registered office ad nge.	e registered Idress, I	
Lawy (	Coen_	oct.be	27, 2012		
, .	nature of Registered Agent		Date		
- •	half of an ontity:	·			
Larry Corma	an, Esq.				
	* * * Filing fee	: \$35.00 * * *			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR26045 (03/12)