

Division of Corporations

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N 93000002555

Florida Department of State
Division of Corporations
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Account Name : GREENSPCCN MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

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

Email Address: _____

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

Certificate of Status	0
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Estimated Charge	\$35.00

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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: Summerhill Estates Homeowner's Association, Inc.
2. The principal office address: c/o 8389 NW 57th Drive, Coral Springs, FL 33067
3. The mailing address (if different): PO Box 9195, Coral Springs, FL 33075
4. Date of incorporation/qualification: 06/07/1993 Document number: N93000002555
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)

Greenspoon Marder, P.A., Attn: Larry Corman, Esq.2255 Glades Rd., Suite 414-EBoca Raton, FL 33431

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

Greenspoon Marder, P.A., Attn: Larry Corman, Esq.2255 Glades Rd., Suite 400-EP.O. Box NOT acceptableBoca Raton, FL 33431

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.

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 an officer or director

DENNIS ANDRA, PRESIDENT
Printed or typed name and title


Signature of Registered Agent

May 15, 2015
Date

If signing on behalf of an entity:

Larry Corman, Esq.

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

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