

N 94000002307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

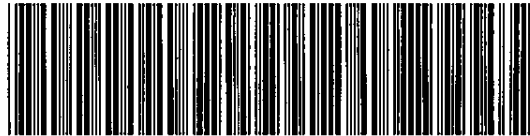
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2/3

Office Use Only



600267511436

12/19/14--01011--015 \*\*35.00

FILED

15 FEB -5 PM 4:29

RECEIVED  
FEB 19 2015  
FBI - NEW YORK

RACHANGE

2/6/15

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 31, 2014

JOHN EWING  
AEGIS MGT, INC.  
130 CORRIDAR ROAD #2055  
PONTE VEDRA, FL 32004

SUBJECT: COLONY AT PONTE VEDRA MASTER ASSOCIATION, INC.  
Ref. Number: N94000002307

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):

The document is illegible and not acceptable for imaging.

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.

Darlene Connell  
Regulatory Specialist III

Letter Number: 414A00027560

RECEIVED  
15 FEB -5 AM 10:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REGULATORY SPECIALIST III

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COLONY AT PONTE VEDRA MASTER ASSOC.  
Name of Corporation

DOCUMENT NUMBER: N 9400000 2307

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:

JOHN EWING

Name of Contact Person

AEGIS MGT, INC

Firm/Company

130 CORRIDOR RD. ~~PO BOX~~ # 2055

Address

PONTE VEDRA FL 32004

City/State and Zip Code

AEGIS-1@COMCAST.NET

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

For further information concerning this matter, please call:

JOHN EWING

Name of Contact Person

at ( 904 ) 280-7616

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: COLONY AT PONTE VEDRA MASTER ASSOCIATION, INC.
2. The principal office address: 130 CORRIDOR RD. #2055  
PONTE VEDRA, FL 32004
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/5/1994 Document number: N94000002307
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)

MARPAM INC.

2201 SAWGRASS VILLAGE DRIVE

PONTE VEDRA BEACH, FL 32082

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

JOHN EWING

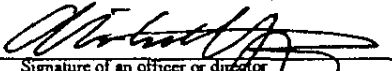
130 CORRIDOR RD #2055

P.O. Box NOT acceptable

PONTE VEDRA, FL 32004

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

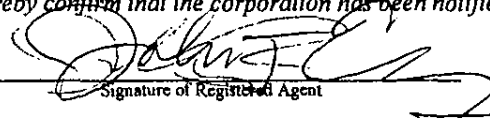
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Michael J. Rosengarten  
Printed or typed name and title

President

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

12/14/14  
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 (03/12)