

NA0400000230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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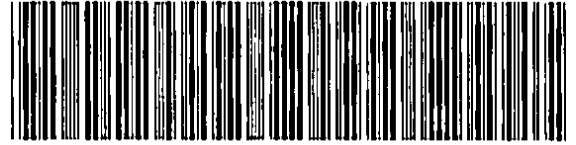
(Business Entity Name)

(Document Number)

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OCT 22 2018

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2018 OCT 15 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Colony At Ponte Vedra Master Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N94000002307

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:

Gary C. Phillips
Name of Contact Person

Crescent Management Services
Firm/Company

830-13 A1A North, Suite 129
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

crescentmgt@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary C. Phillips at (904) 708-9328
Name of Contact Person 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: c/o Crescent Management Services
830-13 A1A North, Suite 129 Ponte Vedra Beach, FL 32082
3. The mailing address (if different): PO Box 11
Ponte Vedra Beach, FL 32004
4. Date of incorporation/qualification: 5/5/94 Document number: N9400002307
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)

John Swing

130 Corridor Rd #2055

Ponte Vedra, FL 32004

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

B Chris Phillips

830-13 A1A North, Suite 129

P.O. Box NOT acceptable

Ponte Vedra Beach, FL 32082

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.

John Cronkite
Signature of an officer or director

John Cronkite
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]
Signature of Registered Agent

10/4/18
Date

If signing on behalf of an entity:

Gary C. Phillips

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

SECRETARY OF STATE
TALLAHASSEE, FL

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