

N 9400000 2856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

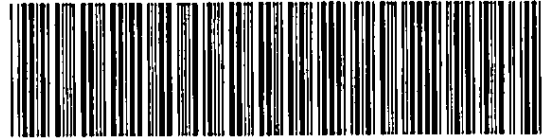
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2020 FEB 26 AM 7:41
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FEB 28 2020

S. YOUNG



2020 FEB 26 AM 10:42

FLORIDA DEPARTMENT OF STATE
Division of Corporations.

February 8, 2020

KELLY LAMORIELLO
PREMIER ASSOCIATION MANAGEMENT
3112 W LAKE MARY BLVD
LAKE MARY, FL 32746

SUBJECT: EAGLERIDGE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N94000002856

We have received your document for EAGLERIDGE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 620A00002881

FEB 18 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EAGLERIDGE HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N94000002856

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:

Kelly Lamoriello

Name of Contact Person

Premier Association Management of Central Florida

Firm/Company

3112 W. Lake Mary Blvd

Address

Lake Mary, FL 32746

City/State and Zip Code

Kelly@premiermgmtcf.com

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

For further information concerning this matter, please call:

Kelly Lamoriello

Name of Contact Person

at (407) 333-7787

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: EAGLERIDGE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 3112 W. Lake Mary Blvd
Lake Mary, FL 32746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/09/1994 Document number: N94000002856
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)

Sentry Management Inc.

2180 West SR 434 Suite 5000

Longwood, FL 32779

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

Premier Association Management of Central Florida

3112 West Lake Mary Blvd.

P.O. Box NOT acceptable

Lake Mary, FL 32746

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.

Gina Holbrook
Signature of an officer or director

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.

Gina Holbrook
Signature of Registered Agent

1/08/2020

Date

If signing on behalf of an entity:

Gina Holbrook

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 (04/13)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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