## N94000004646

Requester's Name

## QUALIFIED PROPERTY MANAGEMENT, INC.

10730 U.S. 19, Suite 17 • Port Richey, FL 34668

CODDODATION NAME(S) & DOCUMENT NUMBER(S) (if known).

Office Use Only

CORTORATION NAME (S) & DOCC	WENT NONDER(S), (II KIIOWI).
(Corporation Name)	(Document #)
	<del></del>
(Corporation Name)	(Document #)  (Document #)  (Document #)
(Corporation Name)	(Document #)  (Document #)  (Document #)  (Document #)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS  Profit	AMENDMENTS 4000327545406/02/0001093008 *****35.00 *****35.0
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
☐ Other	☐ Dissolution/Withdrawal ☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership

Reinstatement Trademark Other

**Examiner's Initials** 

CD2E021/7/07



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 12, 2000

Qualified Property Management, Inc. 10730 U.S. 19, Suite 17 Port Richey, FL 34668

SUBJECT: PEACHTREE AT FOX HOLLOW HOMEOWNERS ASSOCIATION,

INC.

Ref. Number: N94000004646

We have received your document for PEACHTREE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC. 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 current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 487-6901.

Susan Payne Senior Section Administrator

Letter Number: 400A00033353

RECEIVED
00 JUN 23 PH 1: 12
DIVISION OF CORPORATIONS

## 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, the undersigned corporation organized under the laws of the State of <u>Florida</u>
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: Plachtee AT Tox Hollow Homenween Appareire
2. The mailing address of the corporation: 10730 7 19 Suite 17
Port Richey, Al 34668
3. Date of incorporation/qualification: Sept 194 Document number: Sec. 0F STATE
4. The name and address of the current registered agent and registered office:
Sentry MGMT. INC.
2180 W. St. RD. 434, Ste 5000
5. The name and address of the new registered agent (if changed) and /or registered office (if changed)
QUALIFIED PROPERTY MGMT. INC.
10730 U.S. 19 STE 17
Port Richey, FL 34668
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.)
Jalustre 6 1/17/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
SALVATORE ANDOLINA - PRESIDENT
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)  (Typed or Printed Name)  (Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

DIVISION OF CORPORATIONS