

N98 000 000 668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

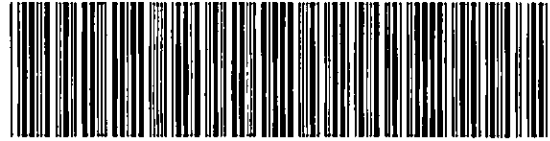
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 21 2021
ALBRITTON

COVER LETTER:

TO: Amendment Section
Division of Corporations

SUBJECT: Streamside Recreation ASSOCIATION INC
Name of Corporation

DOCUMENT NUMBER: n98000000668

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:

James Mordaunt
Name of Contact Person
Advanced Property Management
Firm/Company
1035 Collier Center Way #7
Address
Naples FL 34110
City/State and Zip Code

info@apmsfl.com
E-mail address: (to be used for future annual report notification)

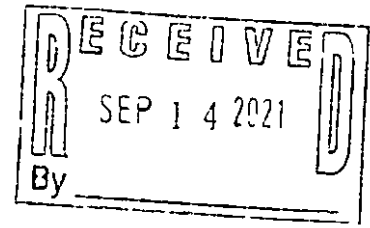
For further information concerning this matter, please call:

Ginger Thompson at (239) 513-9433
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2021 SEP 20 AM 11:29

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2021

JAMES MORDUANT
1035 COLLIER CENTER WAY #7
NAPLES, FL 34410

SUBJECT: STREAMSIDE RECREATION ASSOCIATION, INC.
Ref. Number: N98000000668

We have received your document for STREAMSIDE RECREATION 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):

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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 121A00021772

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: Streamside Recreation Association Inc.

2. The principal office address: Advance Property Management, 1035 Collier Center Way #7, Naples FL 34110

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/1/21 Document number: n98000000668

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)

resigned Sandcastle Community Management
9150 Galleria Court Suite 201
Naples FL 34109

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

James Mordant
Advanced Property Management
1035 Collier Center Way #7
Naples FL 34110

P.O. Box NOT acceptable

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21 SEP

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]
Signature of an officer or director

THOMAS SANDRA TREASURER + SECRETARY
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

8/9/21
Date

If signing on behalf of an entity:

James Mordant
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)