

723554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

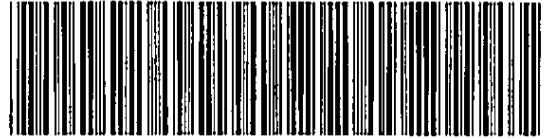
(Business Entity Name)

(Document Number)

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UNITED STATES DEPARTMENT OF THE TREASURY

2022 JUL 19 AM 11:17
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RA Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIVE TOWNS OF ST. PETERSBURG, NO. 300, INC.
Name of Corporation

DOCUMENT NUMBER: 723554

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:

LOUIS DESANTIS
Name of Contact Person
DESANTIS COMMUNITY MANAGEMENT LLC
Firm/Company
2931 MACALPIN DR S
Address
PALM HARBOR FL 34684
City/State and Zip Code
INFO@DESANTISMGMT.COM

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

For further information concerning this matter, please call:

LOUIS DESANTIS at (727) 440-5225
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

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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: FIVE TOWNS OF ST PETERSBURG NO 300 INC

2. The principal office address: 2931 MACALPIN DR S, PALM HARBOR, FL 34684

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/30/1972 Document number: 723554

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)

ASSOCIA GULF COAST
9887 4th Street North Suite 301
Saint Petersburg, FL 33702

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

DESANTIS COMMUNITY MANAGEMENT LLC
2931 MACALPIN DR S
P.O. Box NOT acceptable
PALM HARBOR FL 34684

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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 of the corporation has been notified in writing of the change.

Anthony Rhodes
Signature of an officer or director

Anthony Rhodes, President
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.

Sam DeSantis
Signature of Registered Agent

7/1/2022
Date

If signing on behalf of an entity:

Louis DeSantis
Typed or Printed Name

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