

731325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

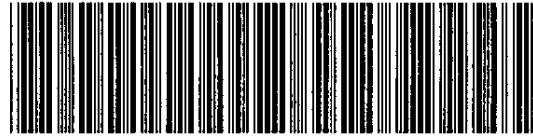
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300242273703

PA
Change

01/07/13--01018--002 **35.00

FILED
2013 JAN -7 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
1/10/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Condominium Number 5 of Beacon Lakes, Incorporated
Name of Corporation

DOCUMENT NUMBER: 731325

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:

Terri Whetzel

Name of Contact Person

Innovative Community Management Solutions, Inc.

Firm/Company

600 East Tarpon Avenue

Address

Tarpon Springs FL 34689-4202

City/State and Zip Code

icms@tampabay.rr.com

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

For further information concerning this matter, please call:

Terri Whetzel

Name of Contact Person

at (**727**) **938-3700 x202**
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: Condominium Number 5 of Beacon Lakes, Incorporated
2. The principal office address: 600 East Tarpon Avenue
Tarpon Springs, FL 34689-4202
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/04/74 Document number: 731325

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)

James W. Hart, Jr.

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):

Terri B. Whetzel

600 East Tarpon Avenue

P.O. Box NOT acceptable

Tarpon Springs FL 34689-4202

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.

Robert Alan Zito
Signature of an officer or director

Alan Zito, 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. Of, 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.

Terri B. Whetzel
Signature of Registered Agent

12/28/12

Date

If signing on behalf of an entity:

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 (03/12)

FILED
2013 JAN -7 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA