

749171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

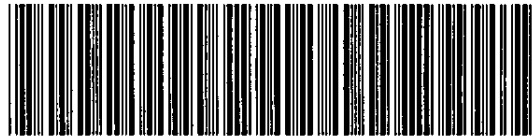
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400295786364

02/24/17--01013--004 **35.00

FILED
2017 FEB 24 PM 12:45
STATE DEPT OF STATE
EMBASSY OF SWITZ

more

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 749171

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:

Kim Johnson
Name of Contact Person
Community Management Services, Inc.
Firm/Company
5837 Trouble Creek Road
Address
New Port Richey, FL 34652
City/State and Zip Code
kjohnson@communitymsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Johnson at (**727**) **816-9900**
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
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: The Moorings of Pinellas County Condominium Association, Inc.

2. The principal office address: 5837 Trouble Creek Rd., New Port Richey FL 34652

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/3/1979 Document number: 749171

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)

Qualified Property Management, Inc.

5901 US Hwy 19

New Port Richey FL 34652

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

Community Management Services, Inc.

5837 Trouble Creek Rd.

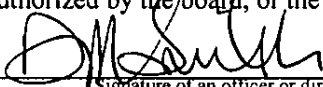
P.O. Box NOT acceptable

New Port Richey FL 34652

FILED
2017 FEB 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of an officer or director

Deanna M Smith, 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.


Signature of Registered Agent

2/20/17
Date

If signing on behalf of an entity:


Typed or Printed Name

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