## N03073

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## BRUDNY & RABIN, P.A.

October 26, 2006

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Adalia Bayfront Condominium Association, Inc.

Change of Registered Agent

To Whom it May Concern:

Enclosed please find the original executed Statement of Change of Registered Agent form, along with the Association's check in the amount of \$35.00. It would be appreciated if this would be filed with the State of Florida, and a confirmed copy returned to us in the enclosed self-addressed envelope.

Thank you for your assistance, and please contact my office should anything further be required.

Sincerely,

Michael J. Brudny

MJB/dls Enclosures

848/Division-ChangeRA6-o26

## 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: Adalia Bayfront Condominium Association, Inc.  2. The principal office address: 2 Adalia Avenue, Tampa, FL 33606
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/14/84 Document number: No3073
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Brian K. Smith
9887 Fourth Street North, Suite 301
St. Petersburg, FL 33702
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael J. Brudny
200 North Pine Avenue, Swite A  (P.O. Box NOT acceptable)
Oldsmar, FL 34677
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)  Kothleen Meleroy Tresident (Printed or typed name and life)
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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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