

NO 400000/11708

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

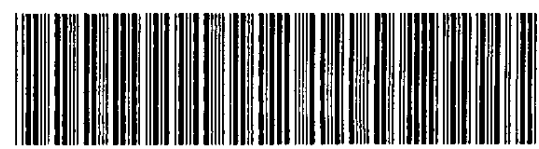
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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Handwritten signature and date: 8/12/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seminole Isle Master Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N04000011708

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:

ERIC APPLETON

Name of Contact Person

BUSH ROSS P.A.

Firm/Company

1801 North Highland Avenue

Address

Tampa, FL 33602

City/State and Zip Code

eappleton@bushross.com

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

For further information concerning this matter, please call:

Jim Mitchell

Name of Contact Person

at ( 727 )

399-2038

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2011

ERIC APPLETON, ESQ.  
BUSH ROSS, P.A.  
1801 NORTH HIGHWAY AVENUE  
TAMPA, FL 33602

SUBJECT: SEMINOLE ISLE MASTER ASSOCIATION, INC.  
Ref. Number: N04000011708

Upon receipt of your letter and/or check(s) totaling \$, no document was found.  
Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 511A00018036

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
AUG 10 2011

**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: Seminole Isle Master Association, Inc
2. The principal office address: 7253 Key Haven Rd.  
Seminole, FL 33777
3. The mailing address (if different): 970 Lake Carillon Dr. Suite 102  
St. Petersburg, FL 33716
4. Date of incorporation/qualification: 12/15/04 Document number: N04000011708
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

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

Erica Appleton, Esq.

1801 North Highland Avenue

P.O. Box NOT acceptable

Tampa, FL 33602

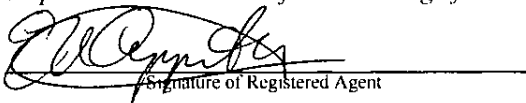
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

DANIEL G. MORRISON, 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

7/26/11  
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