

1749125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

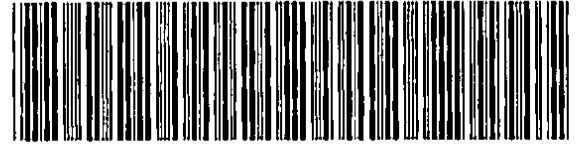
(Business Entity Name)

(Document Number)

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2019 FEB 18 P 11 25

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T. LEMIEUX  
FEB 18 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 701 Mirror Lake Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N49125

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:

Marielle Westerman  
Name of Contact Person

Becker  
Firm/Company

1511 N. Westshore Blvd. Suite 1000  
Address

Tampa, FL 33607  
City/State and Zip Code

mwesterman@beckerlawyers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2018

MARIELLE WESTERMAN  
1511 N WESTSHORE BLVD STE 1000  
TAMPA, FL 33607

SUBJECT: 701 MIRROR LAKE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N49125

We have received your document for 701 MIRROR LAKE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer and director to sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 218A00026229

RECEIVED  
2019 FEB 13 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 701 Mirror Lake Condominium Association
2. The principal office address: 4131 Gunn Highway  
Tampa, FL 33618
3. The mailing address (if different): 4131 Gunn Highway  
Tampa, FL 33618
4. Date of incorporation/qualification: 01/30/1995 Document number: N49125
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)
- Westerman, Zetrouer, PA  
146 2nd Street North, Suite 100  
St. Petersburg, FL 33701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Westerman, Marielle  
1511 N. Westshore Blvd. Suite 1000  
P.O. Box NOT acceptable  
Tampa, FL 33607

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

Connie W. Westerman Secretary  
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

10/10/18  
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)