7/98/5

| PROPERTY MANAGEMENT PROPERTY MANAGEMENT 7300 Park Street • Seminole, FL 33777 7300 Park Street • Seminole, FL 33777 7301 Sun Blyd., Suite 200 • St. Petersburg, FL 33761 5901 Sun Blyd., Suite 200 • Clearwater, FL 33761 28100 US Hwy 19 North, Suite 305 • Clearwater, FL 33761 (City/State/Zip/Phone #) | | | | |
|---|-------------------|-------------|--|--|
| PICK-UP | ☐ WAIT | MAIL MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

2-2608



000118603840

02/25/08 -01012--007 **35.00

2009 FEB 25 PM 4: 54
SECRETARY OF STATE

2 her

COVER LETTER

| Division of Corporations | • | | | |
|--|--|--|--|--|
| Cleanyster Point Inc. No. 4. A. Condo | minium | | | |
| SUBJECT: Clearwater Point, Inc. No 4, A Condo (Name of Corpora | ation) | | | |
| | | | | |
| DOCUMENT NUMBER: 719815 | | | | |
| The enclosed Statement of Change of Registered Office/Age | nt and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the | e following: | | | |
| | • | | | |
| Debra Reinhardt | | | | |
| (Name of Contact Person) | | | | |
| | | | | |
| Resource Property Management | | | | |
| (Firm/Company) | | | | |
| | | | | |
| 28100US HWY 19 North Suite 305 | · | | | |
| (Address) | | | | |
| | | | | |
| Clearwater, FI 33761 | | | | |
| (City/State and Zip | Code) | | | |
| For further information concerning this matter, please call: | | | | |
| Cindy Freda at (| 727 \ 796-5900 | | | |
| (Name of Contact Person) | 727 796-5900 (Area Code & Daytime Telephone Number) | | | |
| | | | | |
| Enclosed is a \$35.00 check made payable to the Department | of State. | | | |
| | | | | |
| Mailing Address: Amendment Section | Street Address: | | | |
| Division of Corporations | Amendment Section Division of Corporations | | | |
| P.O. Box 6327 | Clifton Building | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |
| | Tallahassee, FL 32301 | | | |

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{Fl}{Fl}$ or change its registered office or registered agent, or both, in the State of Flo | orida | is | |
|--|---|----------------------------------|-------------------------------------|--------|
| 1. The name of t | the corporation: Clearwater Point, Inc. No. 4, A Condominium | | | |
| 2. The principal | office address: 28100 US HWY 19 North Suite 305 Clearwater, FI 33761 | | | |
| 3. The mailing a | ddress (if different): | | | • |
| 4. Date of incorp | poration/qualification: 12/08/1970 Document number: 719815 | | | , |
| | street address of the current registered agent and registered office on file with tment of State: | the . | | |
| | Holiday Isle Property Management | | | |
| | 11350 66th Street North Suite 124 | | | |
| | Largo, FI 33773 | SEC | 2008 | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | RETARY AHASSE | 000 FEB 25 | |
| | Resource Property Management | OF S | PM 4: | |
| | 28100 US HWY 19 North Suite 305 | .ORIC | ۲: 2 | 6_ |
| | (P.O. Box NOT acceptable) Clearwater, FI 33761 | ¥ | t | |
| The street addre | ess of its registered office and the street address of the business office of its be identical. | registere | d agent, | 1 |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an or ne board, or the corporation has been notified in writing of the change. | fficer so | | |
| Elization (Signatur | the M. O Brien - BOD Preside the of an officer or director) Elizabeth O'Brien - BOD Preside (Printed or typed name and title | | | |
| I hereby accept I further agree to of my duties, an document is beil corporation has | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comply a lam familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change. | lete perj agent. (confirm | °ormance Or, if this that the | e s |
| — Wild (Sig | mature of Registered Agent) (Date) | | | |
| If signing on be | half of an entity: | | | |
| Debra Reinha | rdt · | | | |
| T) | yped 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 * * *