11/896

| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
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| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| , | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
| Sertificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: Imperial Court Condominium Apartments V Association | | | | | |
|--|--|--|--|--|--|
| Name of Corporation | | | | | |
| DOCUMENT NUMBER: 714896 | | | | | |
| 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: | | | | | |
| | | | | | |
| Donna Miraglia, LCAM Name of Contact Person | | | | | |
| Name of Contact Person | | | | | |
| | | | | | |
| First Choice Association Mgmt Inc. | | | | | |
| Firm/Company | | | | | |
| | | | | | |
| 4174 Woodlands Parkway | | | | | |
| Address | | | | | |
| | | | | | |
| Palm Harbor, Florida 34685 | | | | | |
| City/State and Zip Code | | | | | |
| cam1@firstchoicemetro.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Donna Miraglia _{at (} 727) 785-8887 | | | | | |
| Donna Miraglia at (727) 785-8887 Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

| statement of cha | nge is submitted for a co | orporation organize | 507.1508, or 617.1508, Flori d under the laws of the State d agent, or both, in the State (| of Florida | |
|--|---|---|---|-------------------------------------|--|
| | | | dominium Apartmer way, Palm Harbor, Flor | nts V Association, Ing ida 34685 | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: | 07/08/1968 | Document number: | 714896 | |
| | street address of the cur tment of State: (If resign | | at and registered office on file | with the | |
| | Holiday Isles Prop | erty Mgmt, Inc. | | | |
| | 11350 66th Street | N, Suite 124 | | | |
| | Largo, Florida 337 | 73 | | <u> </u> | |
| 6. The name and (if changed): | I street address of the new | w registered agent (| f changed) and /or registered | office July 13 AMO: 17 | |
| | First Choice Assoc | iation Managen | nent Inc. | \(\text{\cong} \) | |
| | 4174 Woodlands F | | | | |
| P.O. Box NOT acceptable | | | | | |
| | Palm Harbor, Flori | | | | |
| The street address changed will | ess of its registered office be identical. | e and the street ad | dress of the business office of | of its registered agent, | |
| Such change was authorized by the | as authorized by resolut ge board, or the corpora | ion duly adopted b | y its board of directors or by led in writing of the change. | an officer so | |
| - MISSON | an officer or director | | Ma-X 71 'y C | nd title | |
| I hereby accept I further agree to of my duties, an document is bei | the appointment as rea | isions of all statute d accept the obliga t a change in the r | gree to act in this capacity. s relative to the proper and tion of my position as regist egistered office address, I h | | |
| Jan h | . tole f. | | 3/30/11 | | |
| // If signing on be | half of an entity: | | Date | | |
| | M. NO/AN I | L . | | | |
| | yped or Printed Name | <u></u> | | | |

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