

715392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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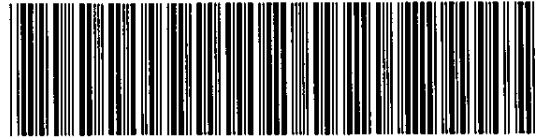
(Business Entity Name)

(Document Number)

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A RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Shore View Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 715392

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:

Michael Rome

Name of Contact Person

Associa Gulf Coast, Inc.

Firm/Company

9887 Fourth Street North, Suite 301

Address

St. Petersburg, FL 33702

City/State and Zip Code

mrome@associagulfcoast.com

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

For further information concerning this matter, please call:

Michael Rome

Name of Contact Person

at ( 727 ) 346-1924

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

May 27, 2015

The Shore View Association, Inc.  
1819 Shore Drive South  
South Pasadena, FL 33707

SUBJECT: THE SHORE VIEW ASSOCIATION, INC.  
Ref. Number: 715392

Upon receipt of your letter and/or check(s) totaling \$35.00, 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.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 415A00011078

**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: The Shore View Association, Inc.
2. The principal office address: 9887 Fourth Street North., Suite 301  
St. Petersburg, FL 33702
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/09/1968 Document number: 715392
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)

Lamont Management/Sue Lamont

250 104th Avenue

Treasure Island, FL 33706

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

Associa Gulf Coast, Inc.

9887 Fourth Street North, Suite 301

P.O. Box NOT acceptable

St. Petersburg, FL 33702

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.

Richard Reed  
Signature of an officer or director

RICHARD REED  
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.*

Michael Fleming  
Signature of Registered Agent

4-16-2015  
Date

If signing on behalf of an entity:

Michael Fleming

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

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TALLAHASSEE, FLORIDA