

716357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

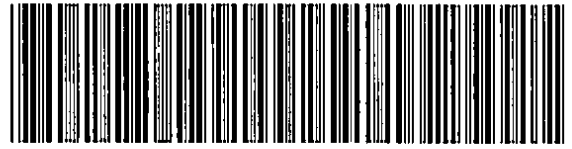
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2020

JOE POLKOWSKI  
MAINLANDS OF TAMARAC BY THE GULF UNIT NO  
10161 49TH STREET NORTH SUITE L  
PINELLAS PARK, FL 33782

SUBJECT: MAINLANDS OF TAMARAC BY THE GULF UNIT NO. TWO,  
ASSOCIATION, INC.  
Ref. Number: 716357

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 320A00016480

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAINLANDS OF TAMARAC BY THE GULF UNIT NO. TWO, ASSOCIATION,  
Name of Corporation

**DOCUMENT NUMBER:** 716357

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:

JOE POLKOWSKI

Name of Contact Person

MAINLANDS OF TAMARAC BY THE GULF UNIT NO. TWO, ASS

Firm/Company

10161 49TH STREET NORTH SUITE 1

Address

PINELLAS PARK, FL 33782

City/State and Zip Code

MAINLANDSOFFICE@GMAIL.COM

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

For further information concerning this matter, please call:

JOE POLKOWSKI

Name of Contact Person

at (727) 573-5670  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: MAINLANDS OF TAMARAC BY THE GULF UNIT TWO ASSOCIATION, INC.
2. The principal office address: 10161 49TH STREET NORTH SUITE L  
PINELLAS PARK, FL 33782
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/14/1969 Document number: 716357
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)

KIRHAGIS, MOLLIE

10161 49TH STREET NORTH SUITE L

PINELLAS PARK, FL 33782

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

JOE POLKOWSKI

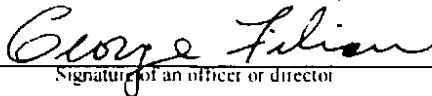
10161 49TH STREET NORTH SUITE L

P.O. Box NOT acceptable

PINELLAS PARK, FL 33782

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

GEORGE FILIAU 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

9/14/2020  
\_\_\_\_\_  
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 (04/13)

2020 SEP 16 PM 5:06