718502

. (Requestor's Name)						
(Address)						
(Address)						
(/1441653)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
PICK-UP WAIT MAIL. (Business Entity Name) (Document Number) Certified Copies Certificates of Status						

Office Use Only



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09 JUL 13 PH 3: 21

SECRETARY OF STATE
SECRETARY OF STATE

R.A. Charge

C.COULLIETTE

JUL 15 2009

EXAVINER

COVER LETTER

TO: Amendmen Division of	nt Section Corporations					
SUBJECT: HARBOUR CLUB CONDOMINIUM NO. TWO, INC. Name of Corporation						
DOCUMENT NU	MBER:	18502				
The enclosed States	ment of Change of Registered Office	/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
		-				
	ALBERTO	FREDA				
•	Name of Con	tact Person				
RESOURCE PROPERTY MANAGEMENT Firm/Company						
	riii/Co	прапу				
7300 PARK STREET						
	Addr					
•						
SEMINOLE, FL 33777						
City/State and Zip Code						
AFREDA@RESOURCEPROPERTYMGMT.COM						
E-mail address: (to be used for future annual report notification)						
For further informa	tion concerning this matter, please c	all:				
Dr		707 504 0000				
	BRA REINHARDT ne of Contact Person	at (727) 581-2662 Area Code & Daytime Telephone Number				
		,				
Enclosed is a \$35.00 check made payable to the Department of State.						
٠						
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				

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

statement of cha	nge is submitted for a corp	ooration organized	107.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of FLORIDA		
1. The name of	the corporation: HARBO	OUR CLUB (CONDOMINIUM N	O. TWO, INC.		
2. The principal	office address: 100 BLU	FF VIEW DRI	VE			
		IR BLUFFS, F				
3. The mailing a	ddress (if different): 7300	PARK STRE	ET	•		
	SEM	INOLE, FL 33	777			
4. Date of incorp	ooration/qualification:	5/13/1970	Document number:	718502		
	l street address of the curre tment of State: (If resigned		t and registered office on fi	le with the		
	JACK TANENBAUM	I, CPA				
	1680 FRUITVILLE F	ROAD				
	SARASOTA, FL 342	236		SEC SEC		
6. The name and (if changed):	street address of the new	registered agent (i	f changed) and /or registere	ASS TO		
	RESOURCE PROPERTY MANAGEMENT					
7300 PARK STREET						
	OFMINOLE EL 2027	P.O. Box NOT acc	ceptable			
	SEMINOLE, FL 337			<i>></i>		
The street address changed will	ess of its registered office be identical.	and the street add	dress of the business office	e of its registered agent,		
Such change was authorized by the	as authorized by resolutione board, or the corporation	n duly adopted by on has been notifi	vits board of directors or led in writing of the chang	oy an officer so e.		
Tonal	re of an officer or director		RON FLEISHER, Printed or typed name			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as regist to comply with the provist d I am familiar with and ng filed merely to reflect s been notified in writing o	tered agent and a ions of all statutes accept the obligat a change in the re of his change.	gree to act in this capacits relative to the proper an tion of my position as reg egistered office address, I	istered agent. Or, if this hereby confirm that the		
Sig	nature of Registered Agent		6/11/0 Date	19		
If signing on be	half of an entity:					
	LBERTO FREDA yped or Printed Name					

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