

718631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300183110573

07/13/10--01007--011 \*\*35.00

FILED  
10 JUL 13 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chang*

C.COULLIETTE

JUL 14 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Garden of Beacon Square Condominium Number Two Inc  
Name of Corporation

**DOCUMENT NUMBER:** 718631

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:

Kim Johnson  
Name of Contact Person

Community Management Services, Inc  
Firm/Company

5837 Trouble Creek Rd  
Address

New Port Richey, FL 34652  
City/State and Zip Code

Commmta@msw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Johnson at (727) 816-9900  
Name of Contact Person 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

**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: Garden of Beacon Square Condominium Number Two Incorporated  
2. The principal office address: 5837 Trouble Creek Road  
New Port Richey, FL 34652  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/04/1970 Document number: 718631

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)

Lennard Leighton  
2189 Cleveland St. Ste 225  
Clearwater, FL 33765

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

Community Management Services, Inc.  
5837 Trouble Creek Rd  
New Port Richey, FL 34652  
P.O. Box NOT acceptable

10 JUL 13 AM 10:50  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Rosa Scott  
Signature of an officer or director

Rosa Scott  
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]  
Signature of Registered Agent

7/7/10  
Date

If signing on behalf of an entity:

Kim Johnson  
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 (8/05)