7/9/93

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300270044533

03/02/15--01032--020 **35.00

15 MAR -2 PM 2:

SECRETARY OF STATE

MAR 0 6 2015 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

Innisbrook Condominium Association, Inc.

Name of Corporation

719193

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:

Bennett L. Rabin

Name of Contact Person

Rabin Parker, P.A.

Firm/Company

28163 U.S. Hwy 19 North, #207

Clearwater, Florida 33761

City/State and Zip Code

ben@rabinparker.com

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

For further information concerning this matter, please call:

Bennett L. Rabin

Name of Contact Person

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 S statement of change is submitted for a corporation organized under the laws of the State of fine in order to change its registered office or registered agent, or both, in the State of F	Florida
1. The name of the corporation: Innisbrook Condominium Association, Inc.	
2. The principal office address: 36750 U.S. Hwy 19 North, Palm Harbor, Flor	rida, 34684
3. The mailing address (if different):	
4. Date of incorporation/qualification: 8/26/1970 Document number: 71919:	3
5. The name and street address of the current registered agent and registered office on file wi Florida Department of State: (If resigned, enter resigned)	th the
William F. Perkins	
36750 U.S. Hwy 19 North	
Palm Harbor, Florida 34684	FALL TALL
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):	\$
Rabin Parker, P.A.	3 595
28163 U.S. Hwy 19 North, Suite 207	STATE LORIC 2: 30
P.O. Box NOT acceptable Clearwater, Florida 33761	DA DA
The street address of its registered office and the street address of the business office of its as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an cauthorized by the board, or the corporation has been notified in writing of the change.	
WHY and The Signature of an officer or director of TCA W.F. TERKINS TRES Printed or typed name and title	U
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 comperformance of my duties, and I am familiar with and accept the obligation of my position agent. Or if this documents being filed merely to reflect a change in the registered office hereby confirmathin the comporation has been notified in writing of this change.	olete as registered 2 address, 1
Signature of Registered Agent Date	
If signing on behalf of an entity:	
BENNETT L. KABIN Livides	
RASIN PARCER P.A. ** 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 (03/12)