

719576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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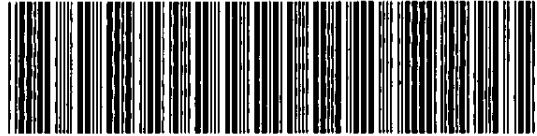
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A.

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MAY 20 2010

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Mainlands of Tamarac by the Gulf Unit No. 1 Association  
Name of Corporation INC

DOCUMENT NUMBER: 719576

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:

Lorraine Boschetti  
Name of Contact Person

Mainlands of Tamarac by the Gulf  
Firm/Company

1061-49 St. N. #L  
Address

Pinellas Park FL 33782  
City/State and Zip Code

mainlands office @ netscape . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Boschetti at (727) 573-5670  
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

5330 ✓

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 No. 1 Association, Inc.  
2. The principal office address: 10161-49 St. N.  
Pinellas Park FL 33782 US  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/26/1970 Document number: 719574

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)

Resigned (Robert Whitfield)  
10161-49 St. N.  
Pinellas Park FL 33782 US

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

Lorraine Boschetti  
10161-49 St. N.  
Pinellas Park FL 33789

P.O. Box NOT acceptable

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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.

Lorraine Boschetti  
Signature of an officer or director

Treasurer  
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.

Lorraine Boschetti  
Signature of Registered Agent

5-12-10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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