

720915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

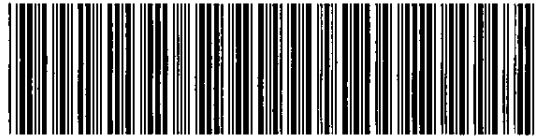
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 28 2008

EXAMINER

**LAW OFFICES OF
CIANFRONE & De FURIO**

A Partnership of Professional Associations
1964 Bayshore Boulevard
Dunedin, Florida 34698

Joseph R. Cianfrone, P.A.
James R. De Furio, P.A.

(727) 738-1100
(727) 733-2154
Fax (727) 733-0042

Michael J. VanDerZee, Esq.
Stephan C. Nikoloff, Esq.

October 21, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Change of Registered Office/Registered Agent
Mediterranean Manors Association, Inc.**

Dear Sir or Madam:

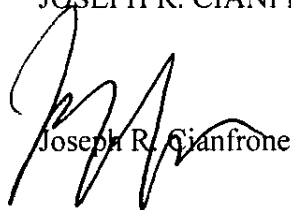
Enclosed please find the Statement of Change of Registered Office or Registered Agent for Mediterranean Manors Association, Inc.

A check in the amount of \$35.00 is also enclosed for the filing fee.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

JOSEPH R. CIANFRONE, P.A.



Joseph R. Cianfrone

JRC:dmc
Enclosures

M:\MEDITERR\DeptState-RegAgentChange.001.doc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mediterranean Manors Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 720915

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:

Joy L. Blood, LCAM
(Name of Contact Person)

Mediterranean Manors Association, Inc.
(Firm/Company)

2700 Bayshore Blvd.
(Address)

Dunedin, FL 34698
(City/State and Zip Code)

For further information concerning this matter, please call:

Joy L. Blood, LCAM at (727) 734-8090
(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: Mediterranean Manors Association, Inc.
2. The principal office address: 2700 Bayshore Blvd. Dunedin FL 34698
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 11, 1971 Document number: 720915
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)

Qualified Property Management

5901 US HWY 19

New Port Richey, FL 34652

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

Joseph R. Cianfrone, P.A.

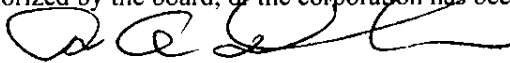
1964 Bayshore Blvd.

(P.O. Box NOT acceptable)

Dunedin, FL 34698

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.

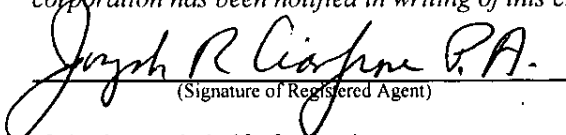


(Signature of an officer or director)

Robert A. Donahue, 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)

10/20/08

(Date)

If signing on behalf of an entity:

JOSEPH R. CIANFRONE P.A.

(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA