

723049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

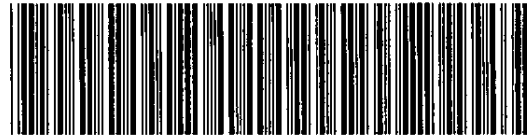
(Business Entity Name)

(Document Number)

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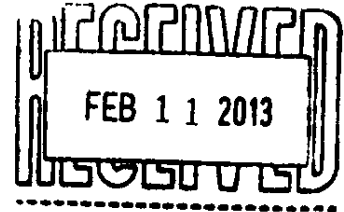
2013 FEB 22 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 22 2013

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations



February 4, 2013

GARY MOORE  
RESOURCE PROPERTY MGMT  
28100 US HWY 19 N #205  
CLEARWATER, FL 34671

SUBJECT: CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 723049

We have received your document for CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete block #4 with the date of incorporation. The old registered agent name and address should be in block #5 and the new registered agent name and address should be in block #6. Please correct and resubmit.

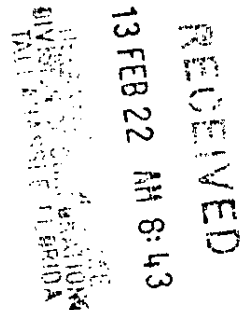
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 213A00002698



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Chateau Belleair Condominium Assn.  
Name of Corporation

**DOCUMENT NUMBER:** 723049

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:

Gary Moore, LCAM  
Name of Contact Person

Resource Property Mgmt.  
Firm/Company

28100 US Hwy 19 N, Suite 205  
Address

Clearwater, FL 34671  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gary Moore, LCAM at ( 727 ) 796-5900  
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: Chateau Belkair Condominium Association, Inc.
2. The principal office address: 2207 Belkair road, Clearwater  
FL 33764
3. The mailing address (if different): 7300 Park Street  
Geminole, FL 33777
4. Date of incorporation/qualification: 5/1972 Document number: 723049
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, Inc.  
5901 US Hwy 19 Suite 70  
New Port Richey, FL 34652
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Joe Cianfrone  
1904 Bayshore Blvd, Suite A  
Dunedin, FL 34698

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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.

Philip P. Scheltz  
Signature of an officer or director

Philip P. Scheltz, President  
Printed or typed name and title

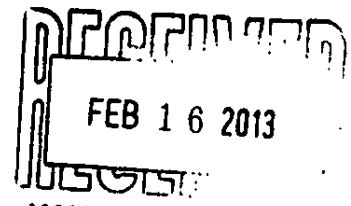
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if 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.

John R. Glin  
Signature of Registered Agent

2/14/13  
Date

If signing on behalf of an entity:

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



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