

# 724215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

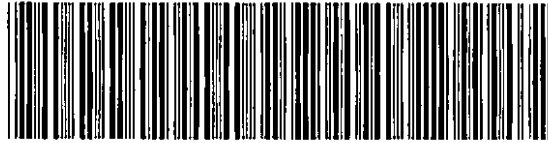
(Business Entity Name)

(Document Number)

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

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 10/11/2023

Acc#120160000072

*en: c DW*

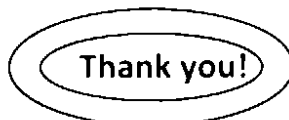
Name:	Harborside West Owners Association, Inc.
Document #:	
Order #:	15168325

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HARBORSIDE WEST OWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 724215

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:

ASHLEY LUPO, ESQ.

Name of Contact Person

999 VANDERBILT BEACH ROAD

Firm/Company

UNIT 401

Address

NAPLES, FL 34103

City/State and Zip Code

alupo@ralaw.com

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

For further information concerning this matter, please call:

WILLIAM B. ROLLE

Name of Contact Person

at (239) 213-3880

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: HARBORSIDE WEST OWNERS ASSOCIATION, INC.
2. The principal office address: 3410-3420 GULF SHORE BLVD. N., NAPLES, FL 34103
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/28/1972 Document number: 724215
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)

ASHLEY LUPO, ESQ.

850 PARK SHORE DRIVE, THIRD FLOOR, STE. 300

NAPLES, FL 34103

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

C T CORPORATION SYSTEM

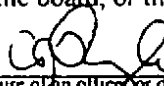
1200 SOUTH PINE ISLAND ROAD, #250

P.O. Box NOT acceptable

PLANTATION, FL 33324

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

Alec J. Prindle - 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

10/10/2023  
Date

If signing on behalf of an entity:

Bernadette Baker, Asst. Secretary

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 (04/13)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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