

729 126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2020

JOE POLKOWSKI
MAINLANDS OF TAMARAC BY THE GULF, UNIT N
10161 49TH STREET NORTH SUITE L
PINELLAS PARK, FL 33782

SUBJECT: MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. FOUR,
ASSOCIATION, INC.
Ref. Number: 729126

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 320A00016482

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. FOUR, ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: 729126

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:

JOE POLKOWSKI

Name of Contact Person

MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. FOUR, A:

Firm/Company

10161 49TH STREET NORTH SUITE L

Address

PINELLAS PARK, FL 33782

City/State and Zip Code

MAINLANDSOFFICE@GMAIL.COM

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

For further information concerning this matter, please call:

JOE POLKOWSKI

Name of Contact Person

at (727)

573-5670

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: MAINLANDS OF TAMARAC BY THE GULF UNIT FOUR ASSOCIATION INC.

2. The principal office address: 10161 49TH STREET NORTH SUITE L

PINELLAS PARK, FL 33782

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/20/1974 Document number: 729126

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)

KIRHAGIS, MOLLIE

10161 49TH STREET NORTH SUITE L

PINELLAS PARK, FL 33782

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

JOE POLKOWSKI

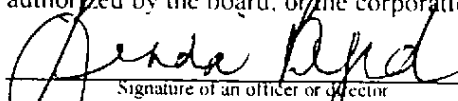
10161 49TH STREET NORTH SUITE L

P.O. Box NOT acceptable

PINELLAS PARK, FL 33782

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

LINDA BYRD 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

9/16/2020

Date

If signing on behalf of an entity:

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)

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