

737287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

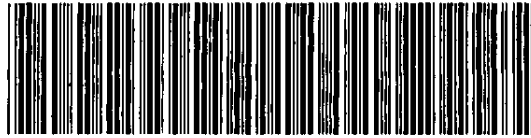
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TO: Amendment Section
Division of Corporations

SUBJECT: Mainlands of Tamarac by the Gulf Unit Five
Name of Corporation Association, Inc

DOCUMENT NUMBER: 737287

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 Unit Five
Firm/Company Association
Inc

10161-49 St North
Address

Pinellas Park FL 33782
City/State and Zip Code

mainlandsoffice@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

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 Five Association, Inc
2. The principal office address: 10161-49 St. North STE L
Pinellas Park FL 33782
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/15/1976 Document number: 737287

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. North STE L
Pinellas Park FL 33782

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

Lorraine Boschetti
10161-49 St. North STE L
Pinellas Park FL 33782

P.O. Box NOT acceptable

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.

Becky Hoff
Signature of an officer or director

BECKY HOFF 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

5-11-2010
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