

744008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

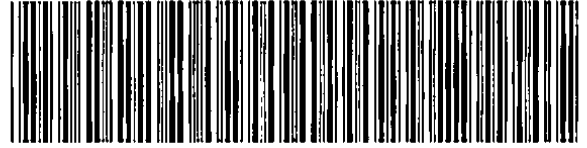
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/19--01028--003 **25.00

FILED
2019 SEP 16 AM 8:30
TALLAHASSEE, FL

SEP 17 2019



SEP 12 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2019

KELLY A MORAN
28100 US HWY 19 N 200
CLEARWATER, FL 33761

SUBJECT: 51 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 744008

We have received your document for 51 ISLAND WAY 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):

Line 6 you must designate a new registered agent name and address.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 919A00018365

REC'D
2019 SEP 16 AM 11:21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 51 Island Way Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 744008

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:

Kelly A Moran

Name of Contact Person

Resource Property Management

Firm/Company

28100 US Hwy 19 N #200

Address

Clearwater, FL 33761

City/State and Zip Code

kmoran@resourcepropertymgmt.com

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

For further information concerning this matter, please call:

Kelly A Moran

Name of Contact Person

at (727) 796-5900

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: 51 Island Way Condominium Association
2. The principal office address: 51 Island Way, Clearwater, FL 33767
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/22/1978 Document number: 744008

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)

Anne Hathorn Legal Services LLC

150 2nd Ave N, #1270

St. Petersburg, FL 33716

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

Anne Hathorn Legal Services LLC

150 2nd Ave N, #1270

P.O. Box NOT acceptable

St. Petersburg, FL 33714

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]
Signature of an officer or director

Carl Barth 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]
Signature of Registered Agent

9/11/19
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