747861

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



300212582613



09/30/11--01008---010 **35.00



10/4/11

COVER LETTER

Division of Corporations SUBJECT: French Quarter North Condominium Association, Inc. Name of Corporation 747861 DOCUMENT NUMBER:__ 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: Bennett L. Rabin Name of Contact Person Rabin Parker, P.A. Firm/Company 28163 U.S. Hwy. 19 N., Suite 207 Clearwater, Florida 33761 City/State and Zip Code ben@rabinparker.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wavey Bates Name of Contact Person

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

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St inge is submitted for a corporation organized under the laws of the State of \underline{F} ir to change its registered office or registered agent, or both, in the State of Flo	lorida
	the corporation: French Quarter North Condominium Associated address: 3001 Executive Drive, Suite 260, Clearwater, Flor	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/29/1979 Document number:	747861
	I street address of the current registered agent and registered office on file with trnent of State: (If resigned, enter resigned)	t the
	Lang & Brown, P.A.	
	5001 Fourth Street North, Suite A	2
	St. Petersburg, Florida 33734	THE STATE OF THE S
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	FILED PH 4: 19 2011 SEP 30 PH 4: 19 SECRETASSEE FLORIF
	Rabin Parker, P.A.	E P P
	28163 U.S. Hwy. 19 North, Suite 207	TAIL ORIG
	P.O. Box NOT acceptable Clearwater, Florida 33761	
	ess of its registered office and the street address of the business office of its be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so
Signatur	WILLIAM M. CLINIAM M.	JORTH , PRESIDENT
I further agree of my duties, my duties, my ducties, my document is/be corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and come and I am familiar with and accept the obligation of my position as registered in given merely to reflect a change in the registered office address, I hereby been notified in writing of this change. Signature of Registered Agent Date Date	plete performance agent. Or, if this y confirm that the
If signing on be	half of an entity:	
Bennet	yped or Printed Name	

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