749801

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WOOD STREET CONDOMINIUM ASSOCIATION, IN Name of Corporation
DOCUMENT NUMBER: 74980 1
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:
Michael Miller
Name of Contact Person
MILLER MANAGEMENT Firm/Company
- Phil/Company
2848 PROCTOR ROAD
- ·
SARASOTA FL 34231 Clty/State and Zip Code
millermgt@mindspring.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Miller at (941) 923-5811 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: Wood STREET CONDOMINIUM ASSOCIATION, IN		
	Sarasota, FL 34231	
3. The mailing address (if differen	nt):	
4. Date of incorporation/qualifica	tion: 11/14/79 Document number: 749801	
5. The name and street address of - Florida Department of State: (I	the current registered agent and registered office on file with the fresigned, enter resigned)	
	SIVE COMMUNITY MANAGEMENT, INC.	
1801 GLE	ENGARY STREET - FL. 1	
SARASO.	TA, FL 34231-3637	
6. The name and street address o (if changed):	of the new registered agent (if changed) and /or registered office	
MILLE	R MANAGEMENT	
2848	PROCTOR ROAD P.O. Box NOT acceptable	
	P.O. Box NOT acceptable	
SARAS	SOTA FL 34231	
The street address of its registe as changed will be identical.	ered office and the street address of the business office of its fegistered agent,	
Such change was authorized by authorized by the board, or the	y resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	
Who other L	Dorothy Barrow	
Signature of an officer or di	rector Printed or typed name and title	
I hereby accept the appointme I further agree to comply with of my duties, and I am familia document is being filed merel corporation has been notified	nt as registered agent and agree to act in this capacity. the provisions of all statutes relative to the proper and complete performance r with and accept the obligation of my position as registered agent. Or, if this y to reflect a change in the registered office address, I hereby confirm that the in writing of this change.	
W. W. I Mal	06/04/10	
Signature of Registered		
If signing on behalf of an enti	ty:	
Michael W. Miller		
Typed or Printed Na	me	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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