

749824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Whisper Wood Townhomes Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 749824

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 Rome

Name of Contact Person

Associa Gulf Coast

Firm/Company

9887 Fourth Street North, STE 301

Address

St. Petersburg, FL 33702

City/State and Zip Code

mrome@associagulfcoast.com

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

For further information concerning this matter, please call:

Michael Rome

Name of Contact Person

at (**727**) **346-1924**

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: Whisper Wood Townhomes Condominium Association, Inc.
2. The principal office address: 5901 Sun Blvd, STE 103 ** CHANGE PRINCIPAL ADDRESS TO*
St. Petersburg, FL 33715
3. The mailing address (if different): 9887 4TH ST. N, STE 301
ST. PETERSBURG, FL 33702
4. Date of incorporation/qualification: 11/16/1978 Document number: 749824
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)

Westerman-White

146 2ND ST N, Suite 208

St. Petersburg, FL 33715

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

Associa Gulf Coast, Inc.

9887 Fourth Street North, STE 301

P.O. Box NOT acceptable

St. Petersburg, FL 33702

Please update mailing address to this address as well.

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

6-4-15
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

6/2/2015
Date

If signing on behalf of an entity:

Michael Fleming

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 (03/12)

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