

751170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

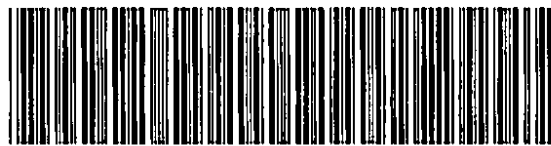
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DIVISION OF CORPORATIONS
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JUL 31 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Imperial Oaks Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 751170

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:

Nichole Burkett

Name of Contact Person

Resource Property Management

Firm/Company

28100 U.S. Hwy 19 North, Ste 205

Address

Clearwater, Florida 33761

City/State and Zip Code

nburkett@resourcepropertymgmt.com

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

For further information concerning this matter, please call:

Nichole Burkett

Name of Contact Person

727 796-5900

at ()

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL 24 PM 4:15

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: Imperial Oaks Condominium Association, Inc.

2. The principal office address: c/o Resource Property Management

7300 Park Street, Seminole, Florida, 33777

3. The mailing address (if different): IMPERIAL OAKS CONDOMINIUM ASSOC, INC
% Resource Property Mgmt, 28100 US 19 N, Ste: 205, Clearwater, FL

4. Date of incorporation/qualification: 02/21/1980 Document number: 751170

33761

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)

Joseph Cianfrone, P.A.

1964 Bayshore Blvd., Suite A

Dunedin, Florida 34698

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

Rabin Parker, P.A.

28059 U.S. Hwy 19 North, Suite 301

P.O. Box NOT acceptable

Clearwater, Florida 33761

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

Scott Anderson Secretary
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

6-28-17
Date

If signing on behalf of an entity:

MONIQUE E. PARKER
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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STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
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