

753303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

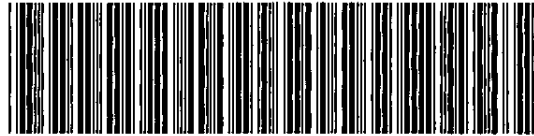
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAH
12/15/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kingsbrook Condominium Association Inc
(Name of Corporation)

DOCUMENT NUMBER: 753303

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Cisek

(Name of Person)

Kingsbrook Condominium Association Inc

(Name of Firm/Company)

9330 - 3 W Ft Island Trail

(Address)

Crystal River Fl 34429

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Cisek

(Name of Person)

at (352) 795-7946

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

December 10, 2008

To: Carol Mustain
Regulatory Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

From: Barbara Cisek
President Board of Directors Kingsbrook Condominium Association Inc.
9330 West Fort Island Trail
Crystal River Florida 34429

Attached is my reply to your Letter Number: 508A00058821. The proper document to change the registered agent for Kingsbrook Condominium Association Inc. Document Number 753303 is attached. My check has been filed for the \$35.00 filing fee as referenced before in the previous letter. Thank for your assistance with this matter and please contact me at the above address or 352-795-7946 if needed.

Barbara Cisek

Barbara Cisek

RECEIVED
2008 DEC 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Kingsbrook Condominium Association Inc.
2. The principal office address: Anchor Ave. Spring Hill FL 34608 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/10/1980 Document number: 753303
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)

Baurer, Robert M

2495 Anchor Avenue

Spring Hill FL 34608 US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Barbara J. Cisek

9330 West Fort Island Trail

(P.O. Box NOT acceptable)

Crystal River, FL. 34429 US

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.

Barbara J. Cisek President
(Signature of an officer or director)

Barbara J. Cisek 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.

Barbara J. Cisek
(Signature of Registered Agent)

12/10/2008
(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
CR2E045 (8/05)