753762

(Re	equestor's Name)			
(Address)				
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
·		•		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
		·		
. (De	cument Number)			
Certified Copies	Certificates	of Status		
	_			
Special Instructions to	Filing Officer:			





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04/06/15--01045--008 **35.00



(PM 4-9-15

COVER LETTER

TO:

Amendment Section

Division of Corporations

SUBJECT:	Madeira Beach Yacht Club Condominium Association, Inc.				
DOCUMENT	NUMBER:753762	(Name of Corporation)	n)		
The enclosed R	esignation of Registered	d Agent for a Corporat	ion and fee are submitted for filing.		
Please return al	l correspondence concer	rning this matter to the	e following:		
Anne Hathori	n, Esq. (Name of Person)				
Becker & Pol	iakoff, P.A.				
	(Name of Firm/Compa	any)			
1511 N. Wes	stshore Blvd. Suite 10 (Address)	000			
Tampa, FL 3	33607 (City/State and Zip Co	ode)			
For further info	rmation concerning this	s matter, please call:			
Anne Hatho	rn, Esq (Name of Person)	at (<u>813</u>) (Area Code a	527-3900 & Daytime Telephone Number)		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

statement of cha	provisions of sections 607.0. unge is submitted for a corpo er to change its registered off	oration organized u	nder the laws of the S	tate of Florida
1. The name of	the corporation: Madeira E	Beach Yacht Clu	ıb Condominium /	Association, Inc.
	office address: 210 Meda Beach, Florida 33708	llion Boulevard		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 08/1	14/1980	Document number:	753762
	d street address of the curren rtment of State: (If resigned,		nd registered office or	n file with the
	Rita B. Dachiardi			Sept of
	210 Medallion Boulevard			AP TO
	Madeira Beach, Florid	la 33708		22 6
6. The name and (if changed):	d street address of the new re		hanged) and /or regist	tered office (& C
	Becker & Poliakoff, P.	<u>A.</u>		
	1511 North Westshore			
	Tampa, Florida 33607	P.O. Box NOT acceptal	ble	
The street address changed will	ess of its registered office ar be identical.	nd the street addres	ss of the business offi	ce of its registered agent,
Such change was authorized by the	as authorized by resolution on board, or the corporation	duly adopted by its has been notified	board of directors of in writing of the chan	r by an officer so ge.
Janu	S. Macone	\supset_{\circ}	niel S. Macon	e Board President
	ire of an officer or director		Printed or typed na	
I hereby accept I further agree to performance of agent. Or, if th hereby confirm	the appointment as register to comply with the provision my duties, and I am familia is document is being filed methat the corporation has be	red agent and agre ns of all statutes re ir with and accept ierely to reflect a c en notified in writi	e to act in this capac lative to the proper a the obligation of my hange in the register ing of this change.	ity. Ind complete position as registered ed office address, I
<u>(i</u>	nature of Registered Agent		3/31/20	
_	chalf of an entity:		Date	
_	Poliakoff Pu	Ω .		

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

Typed or Printed Name