

755512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

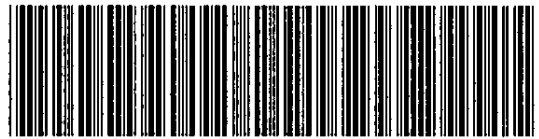
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Converts document
by telephone call
on 11/19/09

Office Use Only



800159307978

08/27/09--01010--014 **35.00

to chy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 1:38

FILED

T Roberts NOV 19 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2009

WILLIAM DALECKY
ALOHA CONDOMINIUM
6297 WALKERS CROFT WAY
ALEXANDRIA, VA 22315

SUBJECT: THE ALOHA CONDOMINIUM, INC.
Ref. Number: 755512

We have received your document for THE ALOHA CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 109A00029083

Aloha Condo Association

11-12-09

RE: change of registered agent

In August, I mailed paperwork and a check for \$35 and requested a change of agent.
(copies enclosed).

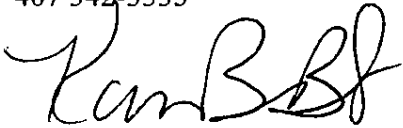
Upon your receipt of this information, I received a call informing me that the agent could not have an out of state address and that the info would be returned.

I completed new paperwork, and when I checked with our accountant to have a new check issued, I discovered that the original check had processed and cleared without you having the correct info.

Therefore, I am submitting the new agent info and a copy of the cleared payment so that you can update our info.

Please contact me if there are any questions.

Karen Bates
407 342-3335



RECEIVED

NOV 18 AM 8:00

CRESTVIEW
LAHASSET, FLORIDA

COVER LETTER

new
11-12-09

TO: Amendment Section
Division of Corporations

SUBJECT:

Aloha Condo Assoc Inc
Name of Corporation

DOCUMENT NUMBER:

755512

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:

Karen Botes
Name of Contact Person

Aloha Condo Assoc Inc
Firm/Company

2898 Donaldson Dr
Address

Orlando FL 32812
City/State and Zip Code

Kyba1@aol.com

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

For further information concerning this matter, please call:

Karen B Botes
Name of Contact Person

at (*407*) *3423335*
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Aloha Condominium, Inc.
2. The principal office address: 2898 Donaldson Dr
Orlando FL 32812
3. The mailing address (if different): same

4. Date of incorporation/qualification: 12-11-80 Document number: 755512

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)

William Dalecky
1891 AIA Unit 104
Indian Harbour Bch FL 32937

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

Karen B Bates
2898 Donaldson Dr
Orlando FL 32812
P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Karen B Bates Pres
Signature of an officer or director

Karen B Bates
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.

Karen B Bates
Signature of Registered Agent

10-20-09
Date

If signing on behalf of an entity:

Karen B Bates Pres
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