

756650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

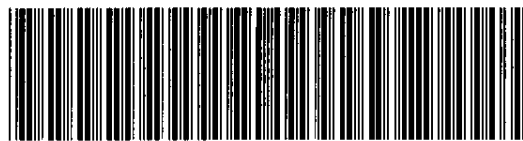
(Document Number)

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11 JAN - 10 AM 9:10

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th 1-7-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2010

WILLIAM J. NASSER  
C/O ASSOCIATION DATA MANAGEMENT  
P O BOX 2007  
DUNEDIN, FL 34697-2007

SUBJECT: MAGNOLIA RIDGE CONDOMINIUM I ASSOCIATION, INC.  
Ref. Number: 756650

We have received your document for MAGNOLIA RIDGE CONDOMINIUM I ASSOCIATION, 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):

Please complete block # 2.

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: 510A00029719

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAGNOLIA RIDGE CONDOMINIUM I ASSOCIATION  
Name of Corporation

**DOCUMENT NUMBER:** 756650

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:

WILLIAM J. NASSER  
Name of Contact Person

C/O ASSOCIATION DATA MANAGEMENT, INC.  
Firm/Company

P.O. BOX 2007  
Address

DUNEDIN, FL 34697-2007  
City/State and Zip Code

admbill@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J. Nasser at ( 727 ) 735-0031  
Name of Contact Person 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: MAGNOLIA RIDGE CONDOMINIUM I ASSOCIATION, INC.

2. The principal office address: 1351 Bluffs Cir  
Duendin, FL 34698

3. The mailing address (if different): P.O. BOX 2007  
DUENDIN, FL 34697-2007

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 756650

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)

RESIGNED

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

STEVEN H. MEZER, ESQ

1801 N. HIGHLAND AVENUE

P.O. Box NOT acceptable

TAMPA, FL 33602-3913


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 of an officer or director

Curtis N. Tomlin  
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.*

 STEVEN H. MEZER 12/16/10  
Signature of Registered Agent 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)