

756650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

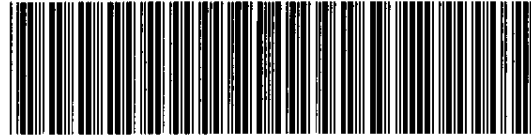
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by telephone call
th 1-7-11

Office Use Only



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12/20/10--01019--027 **35.00

RA to chy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN - 10 AM 9:10

FILED

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

RECEIVED
11 JAN -6 AM 11:56
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

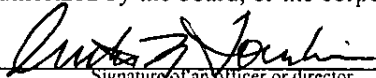
P.O. Box NOT acceptable

TAMPA, FL 33602-3913

TALLAHASSEE, FLORIDA
11 JAN - 8 AM 9:10
FILED

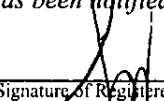
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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