

756 704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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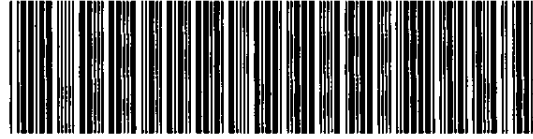
(Business Entity Name)

(Document Number)

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C. MUSTAIN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Yardarm Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 756704

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:

Kelly Moran  
(Name of Contact Person)

Rampart Properties  
(Firm/Company)

3550 Burchwood Park Dr #150  
(Address)

Tampa, FL 33618  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Moran at ( 813 ) 381-2551  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2012

KELLY MORAN  
3550 BUSCHWOOD PARK DR., #150  
TAMPA, FL 33618

SUBJECT: YARDARM CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 756704

We have received your document for YARDARM CONDOMINIUM 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 112A00025521

**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: Paradise Condominium Association, Inc.
- 2. The principal office address: 9887 4th Street N #301  
St. Petersburg, FL 33702
- 3. The mailing address (if different): same
- 4. Date of incorporation/qualification: 3/11/1981 Document number: 756704

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kenneth Tatha  
16554 Kroyed Ave  
Riverview, FL 33578

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

Brampton Properties, Inc.  
9887 4th Street N #301  
(P.O. Box NOT acceptable)  
St Petersburg, FL 33702

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] Managing Agent Kelly A Moran  
(Signature of an officer or director) (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.*

[Signature] 8/15/12  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Kelly A Moran, Vice President  
(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