

760905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

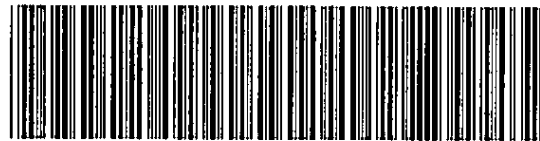
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Harbourage II Condo Assn Inc.
Name of Corporation

DOCUMENT NUMBER: 760905

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

Resource Property mgmt.
Firm/Company

26100 US Hwy 19 N. Suite 200
Address

Clearwater, FL 33761
City/State and Zip Code

E-mail address: (to be used for future annual report notification) kmoran@resourcepropertymgmt.com

For further information concerning this matter, please call:

Kelly Moran at (727) 796-5900
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Harbourage II Condo Assn Inc.
2. The principal office address: 28100 US Hwy 19 N. Suite 200,
Clearwater, FL 33761
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/4/1991 Document number: 760905
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)

Associa Gulf Coast
9887 4th St. N. Suite 104
St. Pete, FL 33702

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

Greenberg Nikoloff P.A.
1964 Bayshore Blvd, Suite A.
Dunedin, FL 34699

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.

Anthony Venuti

Signature of an officer or director

Anthony Venuti

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.

Dan Greenberg

Signature of Registered Agent

7/5/2022

Date

If signing on behalf of an entity:

Dan Greenberg

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 (04/13)

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TALLAHASSEE