701470

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SUNRIDGE CONDOMINIUM ASSOCIATION INC. Name of Corporation		
DOCUMENT NUMBER: 761470		
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:		
CHUCK GALLO Name of Contact Person PROKOP PA Firm/Company 2011 BISPHAM RUAD Address SARASCTA FL 34231 City/State and Zip Code		
2011 BISPHAM KUAD		
SARASCTA FL 34231		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: CHURK GALLO Name of Contact Person at (941) 342-6444 Area Code & Daytime Telephone Number		
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.
1. The name of the corporation: SUNRIDGE CONDONINIUM ASSOCIATION /NO
2. The principal office address: 939 SUNRIOGE DRIVE
SARASUTA FL 3V13Y
3. The mailing address (if different): 2011 BISPHAM RD
SARASCTA FL 34231
4. Date of incorporation/qualification: 1/14/1982 Document number: 761470
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)
JANICE PORTO, CAM
Clo C & S CONDO MEMY SUC
4301 32 NO ST. W. BRADENON, FL 34205
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2011 BISPHAM RD
P.O. Box NOT acceptable
SALASOTA FL 3423/
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 of director LISA KAPLAN VIGE PROJUCT 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.
Rignature of Registered Agent Date
If signing on behalf of an entity:
CHARLES GALLO, AROND P.A.

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name