

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Be	usiness Entity Na	me)
(D	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
0	. SILAS	
ب ر	: 51D to	





05/23/22--01007--017 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Dan's Island 1660 Condominium Assoc Name of Corporation	
DOCUMENT NUMBER: 763247	
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:
David J. Lopez	
Name of Contact Person	
David J. Lopez, P.A.	
Firm/Company	
201 E. Kennedy Blvd., Suite 775	
Address	
Tampa, FL 33602	
City/State and Zip Code	
david@davidlopezpa.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	olease call:
David Lopez	at (813) 229-0160 Area Code & Daytime Telephone Numb
Name of Contact Person	Area Code & Daytime Telephone Numb

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or corporation organized under the laws of the State of Florida.	with dates
1. The name of d	the corporation: Dan's Island 1660 Condominium Association, Inc.	
2. The principal of	office address: 1650 Gulf Blvd., Clearwater Beach, FL 33767	
3. The mailing ac	iddress (if different):	<u> </u>
4. Date of incorp	poration/qualification: 05/12/1982 Document number: 763247	
5. The name and Florida Depart	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	James R. De Furio, P.A.	
	201 E. Kennedy Blvd., Suite 775	
	Tampa, FL 33602	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	SECOE HA
	David J. Lopez, P.A.	7 ~
	201 E. Kennedy Blvd., Suite 775	₹ ~
	P.O. Box NOT acceptable	ìni
	Tampa, FL 33602	
The street address changed will	ess of its registered office and the street address of the business office of its registered be identical.	ent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
Neman	Norman Siebenhar, President	
	re of an officer or director Printed or typed name and little	_
I hereby accept to further agree to of my duties, and document is heir corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligation of my position as registered agent. Or, if mg filed merely to reflect a change in the registered office address, I hereby confirm that been notified in writing of this change.	ince this the
Sign	nature of Registered Agodi	
If signing on bet	half of an entity:	
David	Lop*2	

* * * 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)