## 763255

(Requestor's Name)						
(Address)						
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•						
(City/State/Zip/Phone #)						
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(Document Number)						
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SECRETARY OF STATE
AND SECRETARY OF STATE
OF

R.A. Chorg

**C.COULLIETTE** 

APR 29 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Amendment Section Division of Corporations						
SUBJI	ECT: Tarpon Woods Condominium (Name of C	No. 4. Inc.					
DOCU	IMENT NUMBER: 763255	·					
The en	closed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:							
Maureen Reardon							
	(Name of Co	ontact Person)					
•							
Progressive Management, Inc. (Firm/Company)							
	(1	· .					
	4151 Wood	llands Parkway					
(Address)							
	Date: He	dia 51 04005					
Palm Harbor, Fl 34685 (City/State and Zip Code)							
For fur	ther information concerning this matter, please	•					
	Mauraan Baardan	707 > 770 0540					
	Maureen Reardon (Name of Contact Person)	at (727) 773-9542 (Area Code & Daytime Telephone Number)					
Enclos	ed is a \$35.00 check made payable to the Depar	rtment of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of char	nge is submitted	for a corporation org	502, 607.1508, or 617.1508, Flo anized under the laws of the Stat stered agent, or both, in the Stat	te of Florida	
1. The name of th	ne corporation:	Tarpon Woods (	Condominium No. 4, Inc.	····	
2. The principal office address: 4151 Woodlands Parkway					
	<u> </u>	Palm Harbor, Fl	34685		
3. The mailing ac	ldress (if differe	nt):		<del></del>	
4. Date of incorp	oration/qualifica	tion: <u>5/13/1982</u>	Document number:7	63255	
		the current registered fresigned, enter resig	l agent and registered office on fined)	ile with the	
	Sea	board Arbors Mar	nagement Services, Inc.	<u>.                                  </u>	
,	218	9 Cleveland Stree	et, Suite 225	<b>∑</b> g s	2
	Clea	rwater, FI 33765			a Ti
6. The name and (if changed):	street address of	the new registered ag	gent (if changed) and /or register	ed office SE	27 8
	Prog	gressive Manage	ment, Inc.		r C
	415	1 Woodlands Par	kwav		피
•		(P.O. Box NOT acceptal		> >	
	Pair	m Harbor, FL 346	885		
The street addres	ss of its register be identical.	ed office and the stre	et address of the business offic	e of its registered	agent,
Such change was authorized by the	s authorized by e board, or the o	resolution duly adop corporation has been	ted by its board of directors or notified in writing of the chang	by an officer so	
Maule	e of an officer or dire	aider	Maureen C.	. Reardon	
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment o comply with the I am familiar v og filed merely t been notified in	as registered agent ne provisions of all si with and accept the c o reflect a change in writing of this chan	and agree to act in this capacit latutes relative to the proper an bligation of my position as reg the registered office address, I ge.	ly. id complete perfoi istered agent. Or hereby confirm t	rmance ; if this hat the
Latic	in Do	eer	4-24-0 (Date)	9	
(Sign	nature of Registered A	igent)	(Date)		<del></del>
If signing on beh	nalf of an entity:	:			
PATE!	Yped or Printed Name	OERR			

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