

764587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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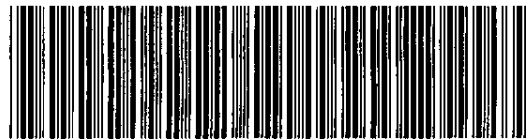
(Business Entity Name)

(Document Number)

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2011 APR 11 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TBrown 4-13-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** River Oaks Condominium V Assoc.  
Name of Corporation

**DOCUMENT NUMBER:** 764587

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:

Kirk Bliss  
Name of Contact Person

Community Management Concepts Inc  
Firm/Company

4585 Horn Ave North Ste 1012  
Address

Clearwater, FL 33762  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kirk Bliss at (727) 535-2424  
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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: River Oaks Condominium V Association, Inc.  
2. The principal office address: 4585 140th Ave North Ste 1012, Clearwater, FL 33762  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/18/1982 Document number: 7164587

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)

Resigned

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Community Management Concepts, Inc.  
4585 140th Ave North Ste. 1012  
Clearwater, FL 33762  
P.O. Box NOT acceptable

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 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 of Registered Agent

Date

If signing on behalf of an entity:

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 (8/05)