

766228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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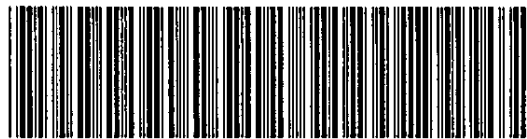
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
MILWAUKEE, WI 53201

PA Change  
08/22/13  
DL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rustic Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 766228

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:

MONIQUE E. PARKER, ESQ  
Name of Contact Person

RABIN PARKER, P.A.  
Firm/Company

28163 U.S. 19 NORTH #207  
Address

CLEARWATER, FL 33761  
City/State and Zip Code

MONIQUE @ RABINPARKER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIQUE E. PARKER at (727) 475-5535  
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: Rustic Condominium Association, Inc.
2. The principal office address: 3425 W. Kirby St  
Tampa, FL 33614
3. The mailing address (if different): P O Box 15661  
Tampa, FL 33684
4. Date of incorporation/qualification: 12/22/1982 Document number: 766228
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)

Anne Sherman

3425 W. Kirby St.

Tampa, FL 33614

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

Monique E. Parker, Esquire

28163 U. S. Highway 19 N, Ste.207

P.O. Box NOT acceptable

Clearwater, FL 33761

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.

Amanda Osorio  
Signature of an officer or director

Amanda Osorio, President

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]  
Signature of Registered Agent

8/14/13  
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 (03/12)

FILED  
13 AUG 19 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA