

770103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900251244069

08/30/13--01015--024 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
13 AUG 30 PM 2:45

SEP 10 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARKSIDE VILLAGE PROPERTY OWNERS' ASSOCIATION INC.
Name of Corporation

DOCUMENT NUMBER: 770103

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:

ATTN: GERI BOND
Name of Contact Person

VILLAGES SERVICES COOPERATIVE INC.
Firm/Company

2541 N. RESTON TERRACE
Address

HERNANDO, FL 34442
City/State and Zip Code

villageservices@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERI BOND at **352 746-6770**
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: PARKSIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

2. The principal office address: 2541 N. RESTON TERRACE, HERNANDO, FL 34442

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/02/1983 Document number: 770103

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)

JOHN A NELSON
2218 HWY 44 WEST
INVERNESS, FL 34453 US

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

VILLAGES SERVICES COOPERATIVE INC.
2541 N. RESTON TERRACE
P.O. Box NOT acceptable
HERNANDO, FL 34442

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 30 PM 2:45

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.

Valeria Towns
Signature of an officer or director

VALERIA TOWNS 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.

Geri Bond
Signature of Registered Agent

8/26/13
Date

If signing on behalf of an entity:

Geri Bond
Typed or Printed Name

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