

770431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-2 P-6

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORDVIND CONDOMINIUM ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: 770431

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:

STEVE WALKER

Name of Contact Person

NORDVIND

Firm/Company

12700 GOLF BLVD.

Address

TREASURE ISLAND, FL 33706

City/State and Zip Code

nordvind1@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE WALKER

Name of Contact Person

at (727) 360-7037

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: NORDVIND CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 12700 GULF BLVD.
TREASURE ISLAND, FL 33706
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/26/83 Document number: 770431

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: RICHARD HABER

1311 N. CHURCH AVE.

TAMPA, FL 33607

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

Steve Walker

12700 Gulf Boulevard

P.O. Box NOT acceptable

Treasure Island FL 33706

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.

Brenda Fawcett

Signature of an officer or director

Brenda Fawcett, Secretary

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.

Steve Walker

Signature of Registered Agent

2/17/11

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)

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