

N 00000000 5944

(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



100252275461

10/07/13--01023--021 \*\*35.00

FILED  
14 JAN 14 PM 4:58  
SECRETARY OF STATE  
ATTENTION: FILING

*RACHAMP*

01-15-14

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2013

PATRICIA DUBUQUE  
RAMPART PROPERTIES, INC.  
9887 FOURTH ST. NORTH, #301  
ST. PETERSBURG, FL 33702

SUBJECT: PALMER SQUARE WEST CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N00000005944

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 413A00024351

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PALMER SQUARE WEST CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N00000005944

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:

**PATRICIA DUBUQUE**

Name of Contact Person

**RAMPART PROPERTIES, INC**

Firm/Company

**9887 FOURTH STREET NORTH, SUITE 301**

Address

**ST. PETERSBURG, FL 33702**

City/State and Zip Code

**DDANYS@RAMPARTPROPERTIES.COM**

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

For further information concerning this matter, please call:

**PATRICIA DUBUQUE**

Name of Contact Person

at **727 577-2200**

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: Palmer Square West Condominium Association, Inc.
2. The principal office address: 9887 Fourth Street North, Suite 301  
ST. PETERSBURG, FL 33702
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/5/2000 Document number: N00000005944
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)

CASY MANAGEMENT, INC.

4730 SOUTH TAMIAMI TRAIL, SUITE 102

SARASOTA, FL 34231

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

ASSOCIA GULF COAST, INC.

9887 Fourth Street North, Suite 301

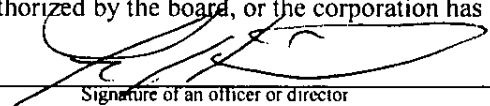
P.O. Box NOT acceptable

ST. PETERSBURG, FL 33702

FILED  
14 JAN 14 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Forrest Hinkel 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 of Registered Agent

1/13/14  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Associa Gulf Coast  
\_\_\_\_\_  
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)