

N0200000/459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

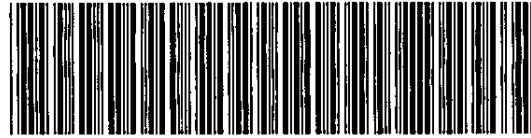
(Document Number)

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Special Instructions to Filing Officer:

Corrected  
name for New  
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Per  
Joe Murphy

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15 NOV 12 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

NOV 13 2015

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2015

ATTN: JOE MURPHY  
COUNTRY CHASE TOWNHOMES PROPERTY OWNERS  
C/O 24701 US HIGHWAY 19 NORTH, #102  
CLEARWATER, FL 33763

SUBJECT: COUNTRY CHASE TOWNHOMES PROPERTY OWNERS  
ASSOCIATION, INC.  
Ref. Number: N02000001459

We have received your document for COUNTRY CHASE TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

PLEASE COMPLETE THE NAME OF THE NEW REGISTERED AGENT. WE HAVE AN LLC BY THE NAME OF Southshore Property Management, LLC. IS THIS THE CORRECT NAME FOR THE NEW REGISTERED AGENT??????  
PLEASE CORRECT SECTION #6 OF THE DOCUMENT ACCORDINGLY.

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 III

Letter Number: 515A00023149



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2015

ATTN: JOE MURPHY  
COUNTRY CHASE TOWNHOMES PROPERTY OWNERS  
C/O 24701 US HIGHWAY 19 NORTH, #102  
CLEARWATER, FL 33763

SUBJECT: COUNTRY CHASE TOWNHOMES PROPERTY OWNERS  
ASSOCIATION, INC.  
Ref. Number: N02000001459

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

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.

RECEIVED  
15 NOV 12 PM 3:27  
Darlene Connell  
Regulatory Specialist III

Letter Number: 415A00022364

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Country Chase Townhomes Property Owners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N02000001459

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:

**Tara Brown**

Name of Contact Person

**Southshore Property Management**

Firm/Company

**611 Destiny Dr.**

Address

**Ruskin, FL 33570**

City/State and Zip Code

**tarabrown@southshoremgmt.com**

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

For further information concerning this matter, please call:

**Lois Bowman**

Name of Contact Person

at ( )

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Country Chase Townhomes Property Owners Association, Inc.
2. The principal office address: 611 Destiny Dr. Ruskin, FL 33570
3. The mailing address (if different): P.O. Box 925 Ruskin, FL 33575
4. Date of incorporation/qualification: 2/27/2002 Document number: N02000001459
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)

Tampa Law Source, PA 13139 W. Linebaugh Avenue Suite #101 Tampa, FL 33626

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

Southshore Property Management, LLC  
611 Destiny Dr.  
RUSKIN, FL 33570

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.

Dennis A. Casazza  
Signature of an officer or director

10/20/15 DENNIS A. CASAZZA VP-BOARD  
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.

Robert Newhart  
Signature of Registered Agent

10/14/15  
Date

If signing on behalf of an entity:

Robert Newhart  
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)