

NO2000005356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

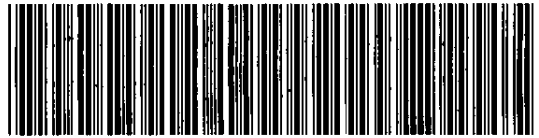
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA en 2/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Poinciana Plaza Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: N02000005356

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:

Jeanine Tanz
Name of Contact Person

Keys Property Management Enterprises, Inc.
Firm/Company

5505 N Atlantic Ave., Ste. 207
Address

Cocoa Beach, FL 32931
City/State and Zip Code

jeanine@keysenterprise.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanine Tanz at (321) 784-8011
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2010

JEANINE TANZ
5505 N ATLANTIC AVE., STE 207
COCOA BCH, FL 32931

SUBJECT: POINCIANA PLAZA CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N02000005356

We have received your document for POINCIANA PLAZA CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 010A00000878

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

1. The name of the corporation: Poinciana Plaza Condominium Association, Inc.
2. The principal office address: 1010 Kennedy Drive, Suite 305
Key West FL 33040
3. The mailing address (if different): 5505 N. Atlantic Avenue., Suite 207
Cocoa Beach, FL 32931
4. Date of incorporation/qualification: 7/16/2002 Document number: N02000005356
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)

Hildabrant, Sue Z.3154 Northside Drive, Suite 101Key West, FL 33040

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

John R. Allison, III1010 Kennedy Drive, Suite 302

P.O. Box NOT acceptable

Key West, FL 33040

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

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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

Date

If signing on behalf of an entity:

John R. Allison, III

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)

FILED
10 FEB 15 PM 1:29
TALLAHASSEE, FLORIDA

RECEIVED
JAN 12 2010
10 FEB 12 8:00
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