## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

: (850)205-0380 Fax Number

: TAYLOR WOODROW COMMUNITIES Account Name

Account Number : I20000000218 : (727) 563-9882 Phone Fax Number

: (727)563-9674

REGISTERED AGENT CHANGE

## PORTA VECCHIO II AT MEDITERRA CONDOMINIUM ASSOCIATIO

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11/13/2003

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.15	08, or, 617.1508, Florida Statutes, this sta	rtement of
	tted for a corporation organized under the laws of		in order
to change its reg	istered office or registered agent, or both, in the S	ate of Florida.	
1. The name of t	he corporation; Porta Vecchio II At Mediterra	Condominium Association, Inc.	
2. The principal	office address: 8430 Enterprise Circle, Suite 16	00, Bradenton, FL 84202-4108	
3. The mailing a	ddress (if different): 8430 Enterprise Circle, Su	ite 100, Bradenton, FL 34202-4108	
4. Date of incorp	poration/qualification: 07/24/02 Doc	nument number: N02000005607	
	I street address of the current registered agent and a timent of State:	egistered office on file with the	
	Keith E. Bass		
	8430 Enterprise Circle, Suite 100, Bradenton	PL 84202-4108	0
		A SEC	· 答 ~
6. The name and (if changed):	I street address of the new registered agent (if chan	ged) and /or registered office	03 NOV 13 PH 3:
	Marc I. Spencer		异主 6
	877 Executive Center Drive W., Suite 205, St. (P.O. Box or personal mailbox NOT		温。3
<b></b>			-
changed will be	ess of its registered office and the street address of identical.	if the business office of its registered ag	ent, as
Such change withe board, or the	as authorized by resolution duly adopted by its be corporation has been notified in writing of the	oard of directors or by an officer so autichange.	norized by
	Menature of an officer of ducctor)	Douglas L. Schwartz, President (Printed or typed name and title)	
	the appointment as registered agent and agree to comply with the provisions of all statutes relain familiar with and accept the obligation of my poly to reflect a change in the registered office additional of this change.		ance of my locument is stion has
Mu	(Signature of Registered Agent)	<u>11.13.03</u>	
If signing on be	(Signature of Registered Agent) half of an entity:	(Date)	_ <del></del>
		<u></u>	
	(Typed or Primed Name)	(Capacity)	

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