

04/27/2018

17:54 Deloach &amp; Cavanaugh

(FAX) 727 397 5418

P.001/003

3/27/2018

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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**To:**

Division of Corporations  
 Fax Number : (850)617-6380

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Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.  
 Account Number : I19990000123  
 Phone : (727)397-5571  
 Fax Number : (727)393-5418

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE**  
**NORTHERNAIRE CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
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C. GOLDEN

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P.002/003

850-617-6381

3/28/2018 8:54:10 AM PAGE 1/001 Fax Server



March 28, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NORTHERNAIRE CONDOMINIUM ASSOCIATION, INC.  
116 DOOLEY DR  
TOCCOA, GA 30577

SUBJECT: NORTHERNAIRE CONDOMINIUM ASSOCIATION, INC.  
REF: N03000004763

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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

Claretha Golden  
Regulatory Specialist II

FAX Aud. #: H18000098256  
Letter Number: 918A00006182

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

FACSIMILE AUDIT NO.: H18000098256 3

**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: Northernair Condominium Association, Inc.
2. The principal office address: 320- 10th Avenue NE., Unit 1, St. Petersburg, FL 33701
3. The mailing address (if different): \_\_\_\_\_

4. Date of Incorporation/qualification: 06/05/2003 Document number: N03000004763

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)

Peter T. Hofstra8640 Seminole BoulevardSeminole, FL 33772

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

DeLoach, Hofstra & Cavinis, P.A.8640 Seminole Boulevard

P.O. Box NOT acceptable

Seminole, FL 33772

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]  
Signature of an officer or director

Gary E. Schindler, VP/D

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]  
Signature of Registered Agent

March 13, 2018

Date

If signing on behalf of an entity:

Dennis R. DeLoach, Jr., President

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

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