

NO40000006064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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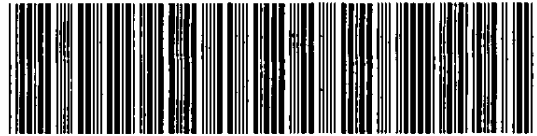
(Business Entity Name)

(Document Number)

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10 JAN 11 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JAN 13 2010

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAS PALMAS AT BALLAST POINT HOMEOWNERS ASSN,  
Name of Corporation ALL.

DOCUMENT NUMBER: NO400000664

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:

SAM T. COZZO  
Name of Contact Person

Bay Ridge Property Mgmt.  
Firm/Company

216 Hyde Park Place, Ste. 3  
Address

Tampa, Florida 33606-2371  
City/State and Zip Code

BRPM@VERIZON.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAM T. COZZO at ( 813 ) 251-2011  
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

**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: LAS PALMAS AT BALLAST POINT HOMOWNERS ASSOCIATION, INC.  
2. The principal office address: 305 S. MAC DILL AVE.  
TAMPA, FLORIDA 33609  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 06/17/2004 Document number: NO400000 6064  
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)

Prima Realty & Property Management  
305 S. MAC DILL AVENUE  
TAMPA, FLORIDA 33609

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

Bay Ridge Property Management  
216 Hyde Park Place, Suite 3  
TAMPA, FLORIDA 33606-2371

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.

[Signature]  
Signature of an officer or director

Bruce McKinney - Secretary  
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

1/7/10  
Date

If signing on behalf of an entity:

Sam Corson - President Bay Ridge Property Mngt.  
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