

N04000007249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

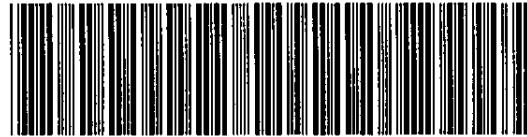
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Apollo Beach[^] Property Owner's Association, Inc
Name of Corporation

DOCUMENT NUMBER: N04000007249

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:

Melissa Byrne

Name of Contact Person

Townhomes In Tampa, LLC

Firm/Company

3605 Bay Heights Way

Address

Tampa, FL 33611

City/State and Zip Code

mbyrne@townhomesintampa.com

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

For further information concerning this matter, please call:

Melissa Byrne

Name of Contact Person

813

at ~~352~~

902-0598

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: Apollo Beach Property Owners Association, Inc.
2. The principal office address: 3605 Bay Heights Way, Tampa, FL 33611
3. The mailing address (if different): PO Box 13882, Tampa, FL 33681
4. Date of incorporation/qualification: 7/23/2004 Document number: N04000007249
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)

Melissa Byrne

4515 Legacy Park Drive

Tampa, FL 33611

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

Melissa Byrne

3605 Bay Heights Way

P.O. Box NOT acceptable

Tampa, FL 33611

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.

Kris Snow
Signature of an officer or director

Kris Snow

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.

Melissa Byrne
Signature of Registered Agent

10/1/12
Date

If signing on behalf of an entity:

Melissa Byrne

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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