

NOV 000001708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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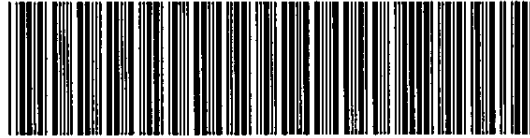
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seminole Isle Master Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000011708

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:

Steve Delach

Name of Contact Person

James R. De Furio, P.A.

Firm/Company

201 E. Kennedy Blvd., Suite 775

Address

Tampa, FL 33602

City/State and Zip Code

steve@jamesdefurio.com

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

For further information concerning this matter, please call:

Steve Delach

Name of Contact Person

at (813) 229-0160

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: Seminole Isle Master Association, Inc.
2. The principal office address: 7253 Key Haven Road
Seminole, FL 33777
3. The mailing address (if different): c/o Professional Bayway Management Company
970 Lake Carillon Dr., Suite 102, St. Petersburg, FL 33716
4. Date of incorporation/qualification: 12/15/2004 Document number: N04000011708
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)
Eric Appleton, Esq.
1801 North Highland Avenue
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James R. De Furio, P.A.
201 E. Kennedy Blvd., Suite 775
P.O. Box NOT acceptable
Tampa, FL 33602

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.

Gloria D. Reed
Signature of an officer or director

Gloria D. REED
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

12/23/2015
Date

If signing on behalf of an entity:

James De Furio
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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