N040000/1709

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400280348134

410280348134 12/29/15--01009--005 **35.00



DEC 3 1 2015 C MCNAIR

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Seminole Isle Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: NO4000011709

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

,813

229-0160

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

	provisions of sections 607.0502, 6 ange is submitted for a corporation				
in orde	er to change its registered office of	r registered agent, or b	oth, in the State of	^r Florida.	
1. The name of	the corporation: Seminole Isla	e Condominium A	Association, I	nc.	
2. The principal	office address: 7253 Key Ha	ven Road	<u> </u>		
	Seminole, FL	33777			
3. The mailing a	address (if different): c/o Profes	ssional Bayway N	Management	Company	
970 Lal	ke Carillon Dr., Suite 103,	St. Petersburg, F	FL 33716	<u>,</u>	
4. Date of incor	poration/qualification: 12/15/2	Documen	t number: N040	00011709	
	d street address of the current regis rtment of State: (If resigned, enter	-	red office on file	with the	,
	Eric Appleton, Esq.			_	
	1801 North Highland Av	enue		5	
	Tampa, FL 33602	and a		0002	3-13-E-1
6. The name and (if changed):	d street address of the new register	ed agent (if changed) a	nd /or registered o	office.	TO
	James R. De Furio, P.A	-		_	
	201 E. Kennedy Blvd., S			_	
	Tampa, FL 33602	Box NOT acceptable		-	
The street address changed will	ess of its registered office and the be identical.	street address of the b	usiness office of	its registered age	nt,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of een notified in writing	directors or by ar of the change.	officer so	
Down	ire of an officer or director	<u>GLORIA</u>	ted or typed name and t	itle	-
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I ant familiar with I decement is being filed merely that the carporation has been no				
Sign	nature of Registered Agent	12	23/201	5	_
	half of an entity:		Duty		
Jame	s De Furio				
T	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *