1104905

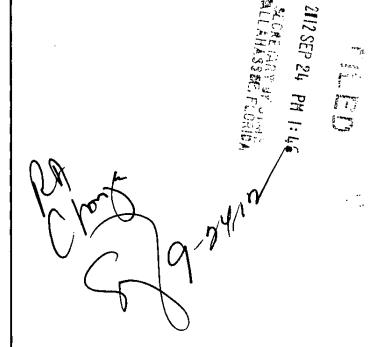
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: St Tropez Condominium V Association Inc				
·				
DOCUMENT NUMBER: N04905				
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:				
Helen Kelley, LCAM, CMCA, AMS				
Name of Contact Person				
Creative Management				
Firm/Company				
6014 US Hwy 19 Ste 100				
Address				
New Port Richey FL 34652				
City/State and Zip Code				
hkelley@creative-mgmt.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Helen Kelley 727 478-4909				
Name of Contact Person at (Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				
Division of Corporations Division of Corporations				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or registe	ized under the laws of the State of Flo	orida	
1. The name of t	the corporation: St Tropez Condon	minium V Association Inc		
	office address: c/o Creative Mana Hwy 19 Ste 100, New Port Ric			
•				
4. Date of incorp	poration/qualification: 08/29/1984	Document number: N04905	h	
	I street address of the current registered age tment of State: (If resigned, enter resigned	-	ı the	
	Carol Huber		2	
	40347 US 19 NORTH, SUITE	129	2112 SEP 24 SLUPLING SLUPLING	
	TARPON SPRINGS FL 3468	9 US	24 PH	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Helen S. Kelley		5	
c/o Creative Management, 6014 US Hwy 19 Ste 100				
P.O. Box NOT acceptable New Port Richey FL 34652				
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its r	egistered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an off ified in writing of the change.	ficer so	
ML	l MDB	Michael MacDaid, Preside	ent	
I hereby accept I further agree i performance of agent. Or, if th	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and action distinction is document is being filed merely to reflet that the corporation has been notified in	l agree to act in this capacity. ites relative to the proper and compl ccept the obligation of my position a sct a change in the registered office t	is registered	
		9/10/12		
· C	nature of Registered Agent half of an entity:	Date		
Helen Kelle		,		
	yped or Printed Name	·		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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