

ND50000000397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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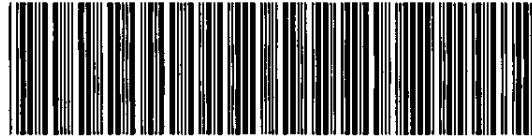
(Business Entity Name)

(Document Number)

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@ 9.9.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: La Terraza II Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO5 000000397

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:

Marc Bellapianita
Name of Contact Person

Watson Realty Corp.
Firm/Company

1410 Palm Coast Parkway NW
Address

Palm Coast FL 32137
City/State and Zip Code

mbellapianita@watsonrealtycorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Bellapianita at (386) 246-9272
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2014

MARC BELLAPIANTA
WATSON REALTY CORP
1410 PALM COAST PKWY NW
PALM COAST, FL 32137

SUBJECT: LA TERRAZA II CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000000397

We have received your document for LA TERRAZA II CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 614A00017919

RECEIVED
14 SEP - 8 PM 4:19
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: La Terraza II Condominium Association, Inc.

2. The principal office address: 115 Calle El Jardin
St Augustine, FL 32095

3. The mailing address (if different): P.O. Box 350492
Palm Coast, FL 32135

4. Date of incorporation/qualification: 2/21/05 Document number: NO5000000397

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)

Flagler Palm Coast Property Management, Inc.

50 Leanni Way, Suite B6

Palm Coast, FL 32137

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

Watson Realty Corp.

1410 Palm Coast Parkway NW

P.O. Box NOT acceptable

Palm Coast, FL 32137

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.

Manuel Avellan
Signature of an officer or director

Manuel Avellan 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

9/5/14

Date

If signing on behalf of an entity:

MARC BELLAPIANTA

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)

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