

NU5000001421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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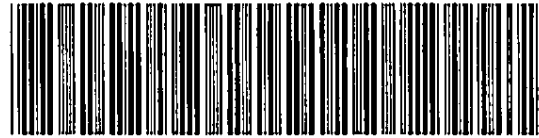
(Business Entity Name)

(Document Number)

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2018 MAY 17 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 18 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDITERRANEAN CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.
Name of Corporation

DOCUMENT NUMBER: N05000001421

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:

Robert Del Rose

Name of Contact Person

Surfcoast Realty, Inc.

Firm/Company

366 Flagler Avenue

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

pauline@surfcoastrealty.com

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

For further information concerning this matter, please call:

Robert Del Rose

Name of Contact Person

at (**386**) **426-6332**

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

May 9, 2018

ROBERT DEL ROSE
SURFCOAST REALTY INC
366 FLAGLER AVENUE
NEW SMYRNA BEACH, FL 32169

SUBJECT: MEDITERRANEAN CONDOMINIUM ASSOCIATION OF VOLUSIA
COUNTY, INC.
Ref. Number: N05000001421

We have received your document for MEDITERRANEAN CONDOMINIUM
ASSOCIATION OF VOLUSIA COUNTY, 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):

We are enclosing a computer printout which reflects the registered agent and
registered office now on file with this office. Please amend your document
accordingly.

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: 918A00009609

RECEIVED
18 MAY 17 AM 9:55
SECRETARY OF STATE
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MEDITERRANEAN CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.
2. The principal office address: 711 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169
3. The mailing address (if different): 366 Flagler Avenue
New Smyrna Beach, FL 32169
4. Date of incorporation/qualification: 02/10/2005 Document number: N05000001421
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)

Baumman, Karl L
391 S. Timberlane Dr.
New Smyrna Beach, FL 32169

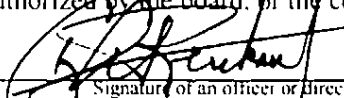
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Del Rose
366 Flagler Avenue
P.O. Box NOT acceptable
New Smyrna Beach, FL 32169

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TALLAHASSEE, FLORIDA

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.


Signature of an officer or director

CRAIG A. REUKAUF, Sec.
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 of Registered Agent

05/04/2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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