

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Fountains at Countryside Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000001962

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:

Nichole Allard, LCAM
Name of Contact Person
KW Property Management, LLC
Firm/Company
2963 Gulf-to-Bay Blvd., Ste. 265
Address
Clearwater, Florida 33759
City/State and Zip Code
nallard@kwpmc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nichole Allard at (813) 675-0580
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

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: The Fountains at Countryside Condominium Association, Inc.
2. The principal office address: 2500 Winding Creek Boulevard, Clearwater, Florida 33761
3. The mailing address (if different): 2963 Gulf to Bay Boulevard, Suite 265,
Clearwater, Florida 33759
4. Date of incorporation/qualification: 02/24/2005 Document number: N05000001962
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)
Nicholle Allard
2963 Gulf to Bay Boulevard, Suite 265
Clearwater, Florida 33759
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Cianfrone, Nikoloff, Grant & Greenberg, P.A.
1964 Bayshore Boulevard, Suite A
P.O. Box NOT acceptable
Dunedin, Florida 34698

FILED
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SECRETARY OF STATE
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.

Marilyn Busardo, V.P. Marilyn Busardo, V.P.
Signature of an officer or director 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] 8/2/2018
Signature of Registered Agent Date

If signing on behalf of an entity:

Daniel J. Greenberg
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)