

NO500000 2119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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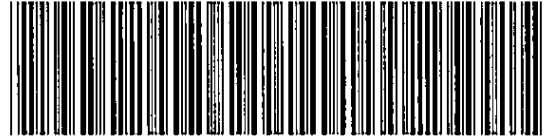
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARKCREST HARBOUR ISLAND CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N05000002118

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:

Bennett L. Rabin, Esquire

Name of Contact Person

Rabin Parker Gurley, P.A.

Firm/Company

28059 U.S. Hwy 19 N., Suite 301

Address

Clearwater, Florida 33761

City/State and Zip Code

Laura.Coleman@fsresidential.com

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

For further information concerning this matter, please call:

Cheryl Morrell

at (727) 475-5535

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

- 1. The name of the corporation: PARKCREST HARBOUR ISLAND CONDOMINIUM ASSOCIATION, INC.
- 2. The principal office address: c/o FirstService Residential  
2870 Scherer Drive North, Suite 100, St. Petersburg, Florida, 33716
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 02/24/2005 Document number: N05000002118
- 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)

RABIN PARKER, P.A.  
28163 U.S. HWY, 19 N., SUITE 207  
CLEARWATER, FL 33761

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- RABIN PARKER GURLEY, P.A.  
28059 U.S. HWY 19 N., SUITE 301  
CLEARWATER, FL 33761

P.O. Box NOT acceptable

2020 OCT -7 PM 12:37

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.

*Cynthia Burnette*  
 Signature of an officer or director

Cynthia Burnette, Vice President  
 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

10/2/2020  
 Date

If signing on behalf of an entity:  
Bennett L. Rebin, Esquire  
 Typed or Printed Name

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