

N05000005107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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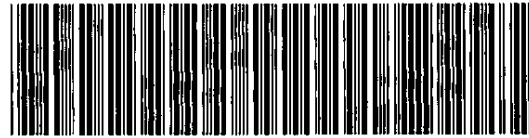
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 19 PM 2:53

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RA CM 7/19/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARK VIEW CONDOMINIUM ASSOCIATION INC
Name of Corporation

DOCUMENT NUMBER: N05000005108

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:

JAMES M. FAIX
Name of Contact Person

POLARIS PROPERTY MANAGEMENT, INC.
Firm/Company

8437 TUTTLE AVE #246
Address

SARASOTA FL 34243
City/State and Zip Code

JIM.FAIX1@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM FAIX at (941) 321-2370
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: PARK VIEW CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 8437 TUTTLE AVE #246
SARASOTA FL 34243
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/17/05 Document number: N05000005108
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)

DOUG E. WILSON
40 ADVANCED MANAGEMENT
9031 TOWN CENTER PKY
BRADENTON FL 34202

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

JAMES M. FAIX
POLARIS PROPERTY MANAGEMENT INC.
8437 TUTTLE AVE.

P.O. Box NOT acceptable

SARASOTA FL 34243

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] 7-12-10
Signature of an officer or director

RALPH CLEMENTS - PRES. OF ASSOC
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

7/12/10
Date

If signing on behalf of an entity.

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 (8/05)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE