

N05000006630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

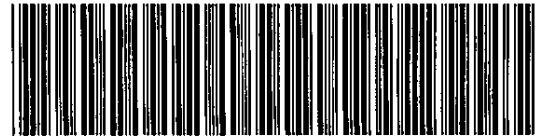
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

FEB - 9 2017
C LEWIS



RECEIVED
JAN 30 2017
PALM HARBOR

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2017

JACK B. HANSON / RIVERVIEW AT TARPON HOMEOWNERS ASSOC
3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683 US

SUBJECT: RIVERVIEW AT TARPON HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N05000006630

We have received your document for RIVERVIEW AT TARPON HOMEOWNERS' 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 registered agent must sign accepting the designation.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 217A00000198

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17 FEB -8 PM 1:17
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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: Riverview at Tapan Homeowners Association, Inc
- 2. The principal office address: 3527 Palm Harbor Blvd
Palm Harbor FL 34683
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/27/2005 Document number: NO5000006630

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)

Nolan, James, SD
4174 Woodlands Pkwy
Palm Harbor FL 34685

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

Jack B. Hanson
3527 Palm Harbor Blvd
Palm Harbor FL 34683
P.O. Box NOT acceptable

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CORPORATIONS DIVISION

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.

Charles Lloyd
Signature of an officer or director

Charles Lloyd 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

2/2/17
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