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T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SKYPOINT CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: NO500008299

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:

STEVEN H. MEZER, ESQ.

Name of Contact Person

BUSH ROSS, P.A.

Firm/Company

1801 N. HIGHLAND AVENUE

Address

TAMPA, FLORIDA 33601-3913

City/State and Zip Code

SMEZER@BUSHROSS.COM

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

For further information concerning this matter, please call:

STEVEN H. MEZER, ESQ. , 813 , 204-64

Name of Contact Person

Area Code & Daytime Telephone Numbe

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi ange is submitted for a corporation organized under the laws of the State of Florida	.s	
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: SKYPOINT CONDOMINIUM ASSOCIATION, INC.		
2. The principal	office address: 777 N ASHLEY DRIVE, TAMPA, FLORIDA 33602		
			
3. The mailing	address (if different): 777 N ASHLEY DRIVE, TAMPA, FLORIDA 3360)2	
4. Date of incor	poration/qualification: 08/12/2005 Document number: N0500000829	9	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	COURTENAY S. TERRELL		평.
	501 E KENNEDY BLVD., STE 1700	3 NOV	
	TAMPA, FL 33602	¥ 25	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	PH:) (C
	STEVEN H. MEZER	կ։ 00	32
	1801 N HIGHLAND AVENUE	_	3> Du
	P.O. Box NOT acceptable		
	TAMPA, FLORIDA 33601-3913		
The street address changed will	ess of its registered office and the street address of the business office of its registered be identical.	agent,	
Such change (value) authorized by H	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	•	
	TEFREY S ZAMPITE Printed or Wheel name and title	ELLA	
· · · · · · · · · · · · · · · · · · ·	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as register is document is being filed merely to reflect a change in the registered office address, that the corporation has been notified in writing of this change.		
Sig	nuture of Progretcied Agent /// (0 / 13		
f signing on be	half of an enuty:		
51EL	S. VIIICAV		
T	yped 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)