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COVER LETTER

SUBJECT: Harba Club Condominum Association
Name of Corporation

DOCUMENT NUMBER: \(\sum_{\text{Name}} \)

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:

Name of Contact Person

Resource Report Variagement

Firm/Company

28100 US duy A W. Lute 205

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at (72) 7910-5900

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

TO:

Amendment Section Division of Corporations

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 Flourb
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Harber Out Condonnersum Issauttion
2. The principal office address: \\ 1300 \text{ Park \text{ \ \text{ \tex
Seminale, FL 33777
3. The mailing address (if different):
erite i i Des Arite i i i i i i i i i i i i i i i i i i
4. Date of incorporation/qualification: 8/19/2005 Document number: NOS 000008579
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)
Rampart Properties, Inc.
9887 Fourth Street North #301
A Petersburg, FL 33702
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert L. Tarriel, P.A.
1022 Main Street Suite D
Durodin A 34698
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 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 of Registered Agent Date
If signing on behalf of an entity:
Bo hober Tankel President
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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