

N25000011644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

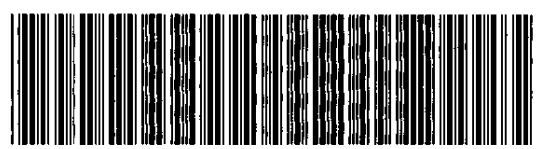
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 22 PM 12:33

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allegro Palm Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: N05000011644

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:

Lindsey Joffe
Name of Contact Person

Allegro Palm Condominium Association
Firm/Company

5501 Legacy Crescent Pl.
Address

Riverview, FL 33578
City/State and Zip Code

ljoffe@zrsmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsey Joffe at (813) 620-1733
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2010

LINDSEY JOFFE
ALLEGRO PALM CONDOMINIUM ASSOCIATION
5501 LEGACY CRESCENT PALM
RIVERVIEW, FL 33578

SUBJECT: ALLEGRO PALM CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000011644

We have received your document for ALLEGRO PALM CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 910A00016561

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2010 JUL 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Allegro Palm Condominium Association, INC.
2. The principal office address: 5501 Legacy Crescent Place, Riverview, FL 33578
3. The mailing address (if different): The same as above
4. Date of incorporation/qualification: 11/16/2005 Document number: N05000011644
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)

CT Corporation

1200 South Island Pine Road

Plantation, FL 33324

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

Kevin Williams

5501 Legacy Crescent Place

P.O. Box NOT acceptable

Riverview, FL 33578

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TALLAHASSEE, FLORIDA

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

Kevin Williams (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 of Registered Agent

7/16/2010
Date

If signing on behalf of an entity:

Kevin Williams (Vice President)

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