N05313

(Requestor's Name)				
(Address)				
(iddiedd)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(D) (D)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

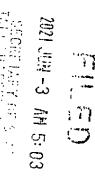
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06/03/21--01010--015 **35.00

1606/17/2021 HT



COVER LETTER

TO:	Amendment Section Division of Corporations	
CLIDI	ECT: 77 WEST COMMUNITY ASSOCIATI	ON, INC.
Name	of Corporation	
DOCU	JMENT NUMBER: NO5313	
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	a Olafsson	
	of Contact Person	
	st Community Association, Inc.	
	Company	
	th St. NW	
Addre	SS	
	iton, FL 34209	
City/S	tate and Zip Code	
	barbolafsson@hotmail.com	
E-mai	l address: (to be used for future annual	report notification)
For fu	rther information concerning this matter, p	please call:
Barbar	a Olafsson	at (269 \506-8852
	Name of Contact Person	at (269)506-8852 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this
	the corporation: 77 WEST COMMU		
		t, 1401 Manatee Ave W, 300. Bradenton. FL 34205	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 9/24/1984	Document number: N05313	 -
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	Jeff Richardson, Rescom Manageme	ent	
	1401 Manatee Ave W, 300		
	Bradenton, FL 34209		
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office	2021 JUN -3 AM 5:
	Barbara Olafsson		
	316 77th St. NW		
	O. Box NOT acceptable		
	Bradenton, FL 34209		. 03
The street addre	ess of its registered office and the s be identical.	street address of the business office of its registe	red agent.
Such change wa authorized by th	as authorized by resolution duly ad the board, or the corporation has been	lopted by its board of directors or by an officer sen notified in writing of the change.	SO
	-7	Mary Galati, President	
-	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered ages to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change s been notified in writing of this che I I I I	nt and agree to act in this capacity. I statutes relative to the proper and complete pe e obligation of my position as registered agent, in the registered office address, I hereby confir ange.	rformance Or, if this m that the
_ 4 Den	1 (llat	5-6-2021	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Burbara	Olaf SSOM		

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