## NOPPDD0000101

(Requestor's	Name)
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(City/State/Zip	(/Phone #)
(City/State/2i)	or none #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document Number)	
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SECRETARY OF STATE

Or P. M. O.

## **COVER LETTER**

	dment Section on of Corporations	
		•
SUBJECT:	Harbor Professional Centre (Name of Corp	V Condominium Association, Inc.
DOCUMENT	NUMBER: N0600000101	
The enclosed S	Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return a	Il correspondence concerning this matter to	the following:
		<u> </u>
	Nasir Khalidi	
	(Name of Conta	pany)  TILE U  SECRETARY OF STATE FLORID  SS SS SS
	(Firm/Com	pany) SAR
	`	Fig. 3
	3420 Tamiami Trail, Suite 3	FLC 8:
	(Addres	ATE RIDA
	Port Charlotte, FL 33952 (City/State and	Zin Codo)
T 6 11 1 6	` •	* /
For further into	ormation concerning this matter, please call	<b>:</b>
Nasir Khalid	(Name of Contact Person)	at ( 941 ) 629-2111 (Area Code & Daytime Telephone Number)
Enclosed is a \$	35.00 check made payable to the Departme	ent 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

## 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: Harbor Professional Centre V Condominium Association, Inc.	
2. The principal office address: 3420 Tamiami Trail, Suite 3, Port Charlotte, FL 33952	
3. The mailing address (if different): P.O. Box 496420, Port Charlotte, FL 33949-6420	
4. Date of incorporation/qualification: 01/04/2006 Document number: N0600000101	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Christopher J. McNair c/o Bayshore Land Group, Inc.	
255 Alhambra Circle, Suite 325	
Coral Gables, FL 33134  6. The name and street address of the new registered agent (if changed) and /or registered office.	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	
Nasir Khalidi 🚆 👸 😄 🔾	
3420 Tamiami Trail, Suite 3  (P.O. Box NOT acceptable)	
Port Charlotte, FL 33952	
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)  Nasir Khalidi, 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)	
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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