

ND60000003028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

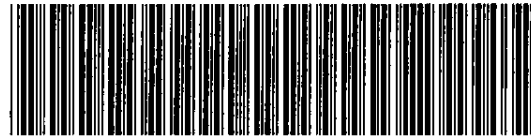
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400188540144

12/13/10--01019--030 **35.00

10 DEC 13 PM 1:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA/RD/ch8
10 @ 12/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Four Seasons Townhomes Homeowner's Association
Name of Corporation

DOCUMENT NUMBER: N06000003028

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:

Giovanna Pucci
AKA Joanne Pucci

Name of Contact Person

Four Seasons Townhomes Homeowners Association
c/o Villiage Reality
Firm/Company

1003 Drew Street
Address

Clearwater, FL 33755
City/State and Zip Code

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

For further information concerning this matter, please call:

Joanne Pucci at (727) 657-7692
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

**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: Four Seasons Townhomes Homeowners' Association Inc.
2. The principal office address: 100 N Lady Mary Dr
Clearwater, FL 33755
3. The mailing address (if different): 1003 Drew Street
Clearwater, FL 33755
4. Date of incorporation/qualification: 3/16/2006 Document number: NO600003028
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)

Simee Adhikari
611 S Fort Harrison Ave, Suite 351
Clearwater, FL 33756

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

Giovanna Pucci
c/o Villiage Reality of Clearwater
1003 Drew St
P.O. Box NOT acceptable
Clearwater, FL 33755

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 13 PM 1:38

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.

Simee Adhikari
Signature of an officer or director

SIMEE ADHIKARI
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.

Giovanna Pucci
Signature of Registered Agent

12/6/2010
Date

If signing on behalf of an entity:

Four Seasons Townhomes Homeowners' Association
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
CR2E045 (8/05)