NDWDDDWDDI

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
·						
	,					
<u></u>						

Office Use Only



700211785987

09/12/11--01026--019 **35.00

DIVISION OF CORPORATION
OF SEPTEMBER
11 SEP 12 PM 1: 41

RARD (M8)

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJE	CCT:	Positano C	ondominium Name of Co	Association, In	<u>c.</u>		
DOCU.	MENT NU	MBER:	N060	00007021			
The end	closed State	ment of Change of I	Registered Office/	Agent and fee are sub	omitted for filing.		
Please 1	return all co	rrespondence conce	erning this matter t	o the following:			
			Tom D	ieter			
			Name of Cont	act Person			
	Action Association Management, Inc.						
			Firm/Con	npany			
			1282 4th	Street			
			Addre				
			Sarasota, F City/State and	L 34236 Zip Code			
			an@aatian	mat hiz			
	ap@actionmgt.biz E-mail address: (to be used for future annual report notification)						
For furt	ther informa	tion concerning this	s matter, please ca	11:			
		Tom Dieter		at (941)	373-0008 aytime Telephone Number		
	Nan	ne of Contact Perso	n	Area Code & Da	aytime Telephone Number		
Enclose	ed is a \$35.0	0 check made paya	ble to the Departn	nent of State.			
		Mailing Addr Amendment S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Clifton Bui	t Section Corporations Iding Itive Center Circle		

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo l under the laws of the Sta l agent, or both, in the Sta	te of Florida
			ium Association, rive, Longboat Key F	
2. The principal	office address: 4343 C	di Oi Mexico D	nve, congeoaritey i	<u> </u>
3. The mailing a	ddress (if different): 12	32 4th Street, Sa	arasota FL 34236	
4. Date of incorp	ooration/qualification:	06/29/2006	Document number:	N06000007021
	I street address of the cur tment of State: (If resign		t and registered office on	file with the
	Beth Callans Mana	gement		<u></u>
	595 Bay Isles Road	d #200		
	Longboat Key, FL	34228		
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or register	red office
•	Action Association	Management, I	nc.	
	1282 4th Street	P.O. Box NOT acc	ventable	
	Sarasota, FL 3423		ор ш ог	- 331
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	ce of its registered agent,
Such change was authorized by the	as authorized by resolutine board, or the corporation	on duly adopted by ion has been notifi	its board of directors or ed in writing of the chan	by an officer so ge.
Signatu	re of an officer or director	4	Toyu Printed or typed nar	TREASUREN SECRETARY
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the provi d I am familiar with an ng filed merely to reflec s been notified in writing	istered agent and a sions of all statutes d accept the obliga t a change in the re g of this change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address,	ty. nd complete performance gistered agent. Or, if this I hereby confirm that the
Thoma	· Alex	<u> </u>	9-8-1	<u>/</u>
If signing on be	nature of Begistered Agent	· { · · · ·	Date	
T	yped 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 * * *