

NID 000010252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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R/ACHg
JUL 23 2013
R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUL 22 AM 11:51

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2013

ROBERT ANDERSON
TERRAVERDE 30 ASSOCIATION
12066 TERRAVERDE CT. #12
FORT MYERS, FL 33908 US

SUBJECT: TERRAVERDE 30 CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000010252

We have received your document for TERRAVERDE 30 CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 213A00016701



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Division of Corporations

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Rebekah White
Regulatory Specialist II

Letter Number: 213A00016701

RECEIVED

13 JUL 22 AM 11:21

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TERRAVERDE 30 CONDOMINIUM ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: NO 60000102

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:

ROBERT A. ANDERSON
Name of Contact Person

TERRAVERDE 30 CONDOMINIUM ASSOCIATION
Firm/Company

12066 TERRAVERDE CT. APT 12
Address

FORT MYERS FL, 33908
City/State and Zip Code

Bob1DAWN@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT A. ANDERSON at (239) 791-8722
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TERRAVERDE 30 CONDOMINIUM ASSOCIATION
2. The principal office address: 12066 TERRAVERDE CT. APT 12
FORT MYERS, FL 33908
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/26/2006 Document number: NO6000 10252
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)
RESIGNED

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

Robert A. ANDERSON
12066 TERRAVERDE CT. APT 12
FORT MYERS, FL 33908

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUL 22 AM 11:51

FILED

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.

Robert A. Anderson
Signature of an officer or director

Robert A. ANDERSON 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.

Robert A. Anderson
Signature of Registered Agent

JULY 16 2013
Date

If signing on behalf of an entity:

Robert A. ANDERSON
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 (03/12)