N07141

(Requestor's Name)
(Hadaootol o Hallio)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Amendment Section Division of Corporations

1.

SUBJECT: Harbor Pines of Manatee Owners' Associatio Name of Corporation	n Inc.			
DOCUMENT NUMBER: N07141				
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
Peyt Dewar				
Name of Contact Person				
We Care 24/7 Management LLC				
Firm/Company				
6033 34th St. W. Clubhouse Office				
Address				
Bradenton FL. 34210				
City/State and Zip Code				
peyt6033@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Peyt Dewar	at (⁹⁴¹) 737-9492			
Name of Contact Person	at (941) 737-9492 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 The Centre of Tallahassee 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

2.4

statement of cha	nge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Sto norganized under the laws of the State of Flo registered agent, or both, in the State of Flo	orida
1. The name of t	he corporation: Harbor Pines of M	lanatee Owners' Association Inc.	
2. The principal	office address: 6033 34th St. W. C	lubhouse Office, Bradenton FL. 34210	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/16/1985	Document number: N07141	
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with resigned)	the
	Coastal Community Management,	Inc.	
	4038 20th Street West		. 26
	Bradenton, FL 34205		7020 AFR
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered offic	e ro
	We Care 24/7 Management LLC		P. 3.
	6033 34th St. W. Clubhouse Office	e	: 55
		PO Box NOT acceptable .	~
	Bradenton, FL 34210		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly and board, or the corporation has b	adopted by its board of directors or by an opeen notified in writing of the change.	fficer so
it to	MMMasa	Vito Amaral Vice President	
Signatu	fe of an officer or director	Printed or typed name and title	
I further agrée : of my duties, an document is hei	to comply with the provisions of	gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change.	olete performance agent. Or, if this Confirm that the
	13-1-	04/13/2020	
Sig	nature of Registered Agent	Date	<u> </u>
If signing on be	half of an entity:		
Peyt Dewar		_	
1	yped or Printed Name	_	

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

Make Checks payable to Florida Department of State