

N 07868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

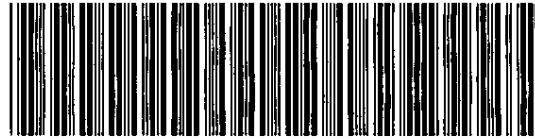
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

AUG 20 2014

C. CARROLL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINE CROFT CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N07868

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:

Paul Palestrini

Name of Contact Person

Soundview Property Management

Firm/Company

2095 Indian River Blvd.

Address

Vero Beach, FL 32960

City/State and Zip Code

email@soundviewmgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Palestrini

Name of Contact Person

at (**772**) **871-0024**

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

FILED

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.

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. The name of the corporation: PINE CROFT CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 10500 S.E. CROFT COURT
HOBE SOUND, FL 33455
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/27/1985 Document number: N07868

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)
RYAN COPPLE
601 HERITAGE DRIVE SUITE 223
JUPITER, FL 33458

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Becker & Poliakoff, P.A.
401 SE Osceola Street, Suite 101
P.O. Box NOT acceptable
Stuart, FL 34994

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] IAAF Sandy Muenlmdn
Signature of an officer or 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] 8-11-14
Signature of Registered Agent Date

If signing on behalf of an entity:
Jane L. Cornett
Typed or Printed Name

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