

N11332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

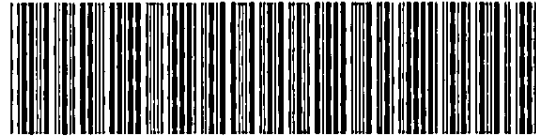
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 AUG 16 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. Butler  
8/26/21

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OTTER KEY CONDOMINIUM ASSOCIATION INC.  
(Name of Corporation)

DOCUMENT NUMBER: N11332

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW GOSSELIN  
(Name of Person)

RESOURCE PROPERTY MANAGEMENT  
(Name of Firm/Company)

7300 PARK STREET  
(Address)

SEMINOLE FL 33777  
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW GOSSELIN at ( 727 ) 796-5900  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**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: OTTER KEY CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 5400 PARK ST  
SEMINOLE FL 33777
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/27/1985 Document number: N11332
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)

QUALIFIED PROPERTY MANAGEMENT INC

5901 US HWY 19, SUITE 70

NEW PORT RICHEY, FL 34652

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

STEVEN H. MEZER

1511 N. WESTSHORE BLVD #1000

P.O. Box NOT acceptable

TAMPA FL 33607

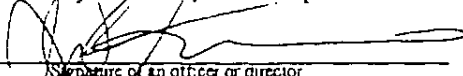
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TALLAHASSEE, FL

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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 of an officer or director

John F. Krumholz  
\_\_\_\_\_  
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 of Registered Agent

6/21/2021  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)