

N1600001363

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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R White  
10/16/20

From:

Account Name : PORGES, HAMLIN, KNOWLES & HAWK, P.A.  
Account Number : 076077002227  
Phone : (941) 748-3770  
Fax Number : (941) 746-4160

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: nrh@phklaw.com

2020 Oct 15 PM 3:31

REGISTERED AGENT CHANGE  
CLUBSIDE AT COUNTRY CLUB EAST CONDOMINIUM  
ASSOCIATIO

Certificate of Status	0
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clubside at Country Club East Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N16000001363

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:

Mary R. Hawk, Esq.  
Name of Contact Person  
Porges, Hamlin, Knowles & Hawk, P.A.  
Firm/Company  
1205 Manatee Avenue West  
Address  
Bradenton, FL 34205  
City/State and Zip Code  
mrh@phkhlaw.com

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

For further information concerning this matter, please call:

Mary R. Hawk, Esq. at (941) 748-3770  
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  
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: Clubside at Country Club East Condominium Association, Inc.
- 2. The principal office address: 6311 Atrium Drive, Suite 209, Lakewood Ranch, Florida 34202
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 02/09/2016 Document number: N16000001363
- 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)

Elaine Zaino  
 \_\_\_\_\_  
6311 Atrium Drive, Suite 209  
 \_\_\_\_\_  
Lakewood Ranch, Florida 34202  
 \_\_\_\_\_

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

Mary R. Hawk, Esq.  
 \_\_\_\_\_  
1205 Manatee Avenue West  
 \_\_\_\_\_  
 P.O. Box NOT acceptable  
Bradenton, Florida 34205  
 \_\_\_\_\_

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, of the corporation has been notified in writing of the change.

Elaine Zaino, President Clubside Elaine ZAINO, ESQ. PRES  
 \_\_\_\_\_ Printed or typed name and title  
 \_\_\_\_\_  
 \_\_\_\_\_ Clubside

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.

Mary R. Hawk \_\_\_\_\_  
 \_\_\_\_\_ Signature of Registered Agent  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Date  
10-15-20

If signing on behalf of an entity:  
MARY R. HAWK  
 \_\_\_\_\_  
 \_\_\_\_\_ 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)