

**N18081**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

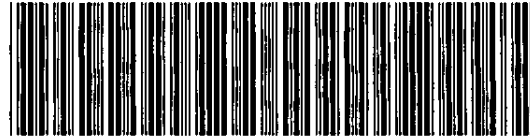
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/1/16

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COPPERFIELD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: N18081

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:

KELLY MORAN  
Name of Contact Person

RESOURCE PROPERTY MANAGEMENT  
Firm/Company

28100 U.S. HWY 19 NORTH SUITE 205  
Address

CLEARWATER FL 33761  
City/State and Zip Code

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

For further information concerning this matter, please call:

KELLY MORAN at (727) 796-5900  
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 FLORIDA  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COPPERFIELD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 8610 LIBERTY PLACE  
TAMPA, FL 33615
3. The mailing address (if different): 7300 PARK STREET  
SEMINOLE, FL
4. Date of incorporation/qualification: 12/04/1986 Document number: N18081
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)  
ASSOCIA GULF COAST, INC.  
9887 FOURTH STREET NORTH, SUITE 301  
SAINT. PETERSBURG, FL 33702

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

BUSH ROSS P.A.  
1801 NORTH HIGHLAND AVENUE  
P.O. Box NOT acceptable  
TAMPA, FL 33602-2656

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.

John Fiorella Ph.D.  
Signature of an officer or director

JOHN FIORELLA Pres HOA  
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]  
Signature of Registered Agent

6-13-16  
Date

If signing on behalf of an entity:

H. Welch M. L. T. -  
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)