N26625

(Re	equestor's Name)	
(Ad	dress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

DECELLARIAN MAY 1 1 2015

OUD IDOT	Sunset	Towers	Apartments	Condominiu	ım Associati	on, Inc.
SUBJECT:						

Name of Corporation

DOCUMENT NUMBER: N26625

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:

Michael Rome

Name of Contact Person

Associa Gulf Coast, Inc.

Firm/Company

9887 Fourth Street North, Suite 301

Address

St. Petersburg, FL 33702

City/State and Zip Code

mrome@associagulfcoast.com

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

For further information concerning this matter, please call:

Michael Rome

.727

346-1924

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Sunset Towers Apartments Condominium Association, Inc.
	l office address: 13461 Parker Commons Blvd., Suite 101 s, FL 33912
3. The mailing a	address (if different):
4. Date of incor	rporation/qualification: 5/26/1988 Document number: N26625
5. The name and	d street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned)
	Susan Kase
	American Condo Management
	4223 Del Prado, Blvd. S, Cape Coral, FL 33910
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office 5
	Associa Gulf Coast, Inc.
	13461 Parker Commons Blvd, Suite 101
	P.O. Box NOT acceptable
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, l be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Sarry J.	Therman President LARRY I SHERMAN PRESIDENT Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered if dodument is being filed merely to reflect a change in the registered office address, I hat heldorstiffution has been notified in writing of this change.
	4-16-2015
	gnature of Registered Agent Date
	ehalf of an entity:
Michael F	Fleming Typed or Printed Name
1	- None or a connect statute

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