

N 29725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. J. ...

NOV 19 2012

C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAHIA VISTA, UNIT II, CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N29725

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:

Allen Baum

Name of Contact Person

Resource Property Management

Firm/Company

5901 Sun Blvd., Suite 103

Address

St. Petersburg, FL 33715

City/State and Zip Code

abaum@resourcepropertymgmt.com

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

For further information concerning this matter, please call:

Allen Baum

Name of Contact Person

at (**727**) **864-0004**

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: BAHIA VISTA, UNIT II, CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 5901 Sun Blvd., Suite 103
St. Petersburg, FL 33715
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-15-1988 Document number: N29725

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)

PARKER RABIN PA

28163 US HIGHWAY 19 NORTH

CLEARWATER FL 33761

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

Robert Leon Tankel, P. A.

1022 Main Street, Suite D

P.O. Box NOT acceptable

Dunedin, FL 34698

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.

Gary L. Kelbain
Signature of an officer or director

10-24-12 vice president
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.

Robert L. Tankel President
Signature of Registered Agent

10/29/2012
Date

If signing on behalf of an entity:

Robert L. Tankel
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)