## N29725

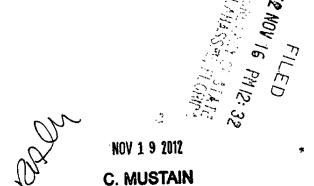
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

BAHIA VISTA, UNIT II, CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

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

.,727

864-0004

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

statement of cha	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 er 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.
= =	office address: 5901 Sun Blvd., Suite 103 sburg, FL 33715
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 12-15-1988 Document number: N29725
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	PARKER RABIN PA
	$_{I}$ $^{\prime}$
	28163 US HIGHWAY 19 NORTH  CLEARWATER FL 33761
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  C,  Robert been Tankel, P. A
	1022 Main Street, Suite D
	P.O. Box NOT acceptable
	Dunedin, FL 34698
The street addras changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wauthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- Sary o	X Kelbarn  10-24-12 Vice president  Printed or typed name and title
I further agree performance of agent. Or, if the hereby confirm	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 fmy duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
If signing on be	chalf of an entity:
	T L Tankel  Spect or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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