

N31980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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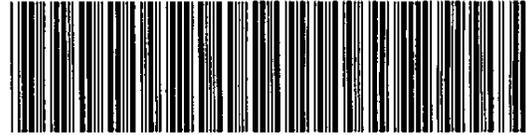
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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AUG 5 2015  
C LEWIS

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Homeowners Association of Townhomes @  
Name of Corporation Countryside, Inc.

DOCUMENT NUMBER: 1031980

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 US Hwy 19 N #205  
Address

Clearwater, FL 33761  
City/State and Zip Code

kmoran@resourcepropertymanagement.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

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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: The Homeowners Association of Townhomes of Countywide
2. The principal office address: 7300 Park St  
Seminole, FL 33777
3. The mailing address (if different): 7300 Park St  
Seminole, FL 33777
4. Date of incorporation/qualification: 4-27-1989 Document number: N31980
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)

Reardon, Maureen C  
451 Woodlands Parkway  
Palm Harbor, FL 34685

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

Joseph B. Cianfrone  
1944 Bayshore Blvd. Ste. A.  
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.

Vikki J. Moore  
Signature of an officer or director

Vikki J. Moore - 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.~~

[Signature]  
Signature of Registered Agent

6/24/15  
Date

If signing on behalf of an entity:  
[Signature]

Typed or Printed Name

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

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