

Division of Corporations

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# N36452

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT -3 PM 2:54

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**REGISTERED AGENT CHANGE  
PALMAVISTA CONDOMINIUM ASSOCIATION OF  
HILLSBOROUGH COUNTY, INC.**

Certificate of Status	0.
Certified Copy	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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10/6/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palmavista Condominium Association Of Hillsborough County, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N36452

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:

Diana Hernandez

Name of Contact Person

RcalManage, LLC

Firm/Company

P.O. Box 803555 Suite 150

Address

Dallas, TX 75380

City/State and Zip Code

RegisteredAgent@ciramail.com

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

For further information concerning this matter, please call:

Diana Hernandez

972

380-3522

Name of Contact Person

at (

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

CR2F045 (03-12)

# 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: Palmarvista Condominium Association Of Hillsborough County, Inc.
2. The principal office address: 17824 N. US HIGHWAY 4, LUTZ, FL 33549-4502
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/05/1990 Document number: N36452
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)

Treadway Fenton, LLC.

1111 Avenida Del Circo, Suite B

Venice, FL 33285

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

[Signature]  
Signature of an officer or director

Michael Jones, 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.*

By: C T Corporation System  
Signature of Registered Agent

10/3/2014

Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary

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

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