

N36529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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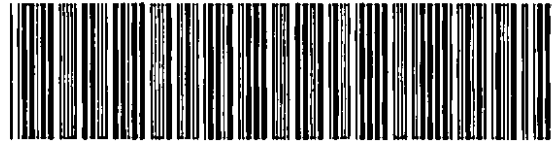
(Business Entity Name)

(Document Number)

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GOVERNMENT LAW
* CERTIFIED CIRCUIT COURT MEDIATOR
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□ ALSO ADMITTED IN ILLINOIS
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○ ALSO ADMITTED IN GEORGIA

April 9, 2019

Direct Dial
(941) 364-2426
krichardson@kirkpinkerton.com

VIA FEDERAL EXPRESS

Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Riviera Medical Park Condominium Association, Inc.
Document No.: N36529

To Whom It May Concern:

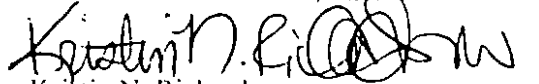
Enclosed please find the Statement of Change of Registered Agent and Office,
concerning the above-referenced entity.

Once filed, please provide our office with a copy.

Should you have any questions, please feel free to contact me.

Sincerely,

KIRK • PINKERTON, P.A.


Kristin N. Richardson,
Legal Assistant to Timothy S. Shaw, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RIVIERA MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N36529

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:

Timothy S. Shaw, Esq.

Name of Contact Person

Kirk Pinkerton, P.A.

Firm/Company

240 South Pineapple Avenue, 6th Floor

Address

Sarasota, FL 34236

City/State and Zip Code

tshaw@kirkpinkerton.com

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

For further information concerning this matter, please call:

Timothy S. Shaw, Esq.

Name of Contact Person

at (941) 364-2435

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: Riviera Medical Park Condominium Association, Inc.
2. The principal office address: 517 Riviera Street, Venice, FL 34285

3. The mailing address (if different): 2901 Ohio Boulevard, Suite 270
Terre Haute, IN 47803

4. Date of incorporation/qualification: 02/05/1990 Document number: N36529

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)

David F. Habecker
104 Valencia Cove
Leesburg, FL 34748

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

Timothy S. Shaw, Esq.
240 South Pineapple Avenue, 6th Floor
P.O. Box NOT acceptable
Sarasota, FL 34236

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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.

X 
Signature of authorized officer

John G. Ragle, 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 of Registered Agent

4/8/2019
Date

If signing on behalf of an entity:

TIMOTHY S. SHAW

Typed or Printed Name

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