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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

: (850)222-1092 : (850)878-5368 Fax Number

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

REGISTERED AGENT CHANGE CHARLESTON CORNERS PROPERTY OWNERS ASSOCIATION, INC.



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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 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; Charleston Corners Property Owners Association	, Inc.	
2. The principal office address: c/o Greenacre Properties, Inc., 4131 Gunn Hwy.,		
Tampa, FL 33624		
3. The mailing address (if different):		
4. Date of incorporation/qualification: July 16, 1990 Document number: N39123		<u> </u>
 The name and street address of the current registered egent and registered office on file with the Florida Department of State: (If resigned, enter resigned) 		
Steven Mezer	Acc	
1801 N. Highland Avenue		ST
Tampa, FL 33602	ār V	F
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	38 A O	29 PH
Jonathan J. Ellis, Esquire	<u> </u>	:21
101 E. Kennedy Boulevard, Suite 2800		PM 12: 05
Tampa, FL 33602	Þ	
The street address of its registered office and the street address of the business office of its registe as changed will be identical.	red agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer s authorized by the board, or the corporation has been notified in writing of the change.		
	>	
Augusta et an attact or america. Augusta or Abeta pravie una mina.	<u>RESZ</u> DEA	<i>;1</i>
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camely with the provisions of all statutes relative to the proper and camplese performance of manufacturing and ican familiar with and accept the obligation of my position as registered. Or, if this document is the position as registered of the configuration of my position as registered of the configuration has been notified in writing of this change.	stered is, I	
9/27/14		
If signing on behalf of an entity:		
Jonathon Ellis		
Type of a Frintes Heave		
* * FILING FEE: \$35,00 * * *		
MAKE CHECKS PAYABLE TO PLONIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323 14		