

N49391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

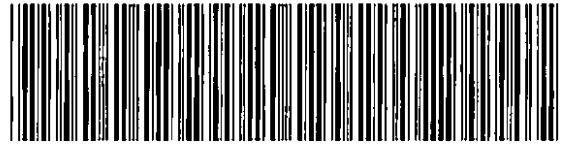
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, 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 Meadows of Tarpon Springs Homeowners' Association Incorporated
2. The principal office address: 506 Bernice Boulevard TARPON SPRINGS, FL 34689
3. The mailing address (if different): P.O. BOX 1898 TARPON SPRINGS, FL 34688
4. Date of incorporation/qualification: 06/15/1992 Document number: N49391
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)

Becker & Poliakoff

1819 Main St Suite 905

Sarasota, FL 34236

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

ROBERT W. BLEAKLEY, P.A.

15316 N. Florida Avenue

P.O. Box NOT acceptable

Tampa, FL 33613

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.

Eldri Zahn  
Signature of an officer or director

Eldri Zahn, Title Secretary

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.*

Matthew DePasquale

Digitally signed by Matthew DePasquale  
DN: cn=Matthew DePasquale, o=Matthew DePasquale & Co., c=US  
Date: 2023.10.10 14:22:40 -0400

Signature of Registered Agent

10/10/2023

Date

If signing on behalf of an entity:

Matthew DePasquale

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

CR2E045 (04/13)