

N97000006696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

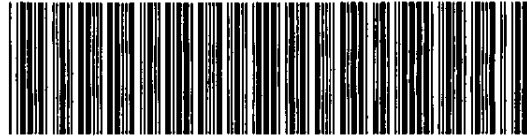
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100245278541

03/07/13--01006--005 **35.00

RA to cho

FILED
13 MAR -7 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2013

T. ROBERTS

ICARD MERRILL

ATTORNEYS & COUNSELORS

Robert E. Messick

March 5, 2013

2033 Main Street
Suite 600
Sarasota, FL 34237
941.953.8114
Fax: 941.366.0718
rmessick@icardmerrill.com
icardmerrill.com

Via U.S. Mail

Florida Department of State
Amendment Section - Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: The Porter Road Condominium Association, Inc. #N97000006696

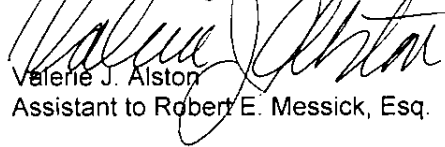
Dear Amendment Section,

Please find enclosed our firm's trust check in the amount of \$35.00, together with the original executed Change of Registered Agent for the above referenced Association.

Should you have any questions, please contact us at your convenience. We appreciate your cooperation and assistance with this matter.

Very truly,

Icard, Merrill, Cullis, Timm,
Furen & Ginsburg, P.A.



Valerie J. Alston
Assistant to Robert E. Messick, Esq.

/va

enclosure(s)

U:\rmessick\IDOWDELL\PORTER LAKE DRIVE\FL Dept State 03 05 13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Porter Road Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000006696

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:

Robert E. Messick, Esq.

Name of Contact Person

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, Florida 34237

City/State and Zip Code

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

For further information concerning this matter, please call:

Kerri Dowdell

Name of Contact Person

at

941

Area Code & Daytime Telephone Number

c/o 366-8100 x 214

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: The Porter Road Condominium Association, Inc.
2. The principal office address: 8374 Market Street, #103, Bradenton, Florida 34202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/01/1997 Document number: N97000006696
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)

Charles H. Wilson

8221 Blaikie Court

Sarasota, Florida 34240

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

Kerri Dowdell

8374 Market Street, #103

P O Box NOT acceptable

Bradenton, Florida 34202

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.

Kerri Dowdell

Signature of an officer or director

Manager

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.

Kerri Dowdell

Signature of Registered Agent

3/1/13

Date

If signing on behalf of an entity:

Kerri Dowdell, Managing Member

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 (03/12)

FILED
13 MAR - 7 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA