## N9800000 3590

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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Certified Copies	Certificates	of Status	
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Special Instructions to Filing Officer:			
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Office Use Only



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2022 HAY -2 PM 6: 34 SECRETARY OF STATE

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JUN 22 2022

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Colfriend Daint House over and Associate	and any time.
SUBJECT: Gulfview Pointe Homeowners' Association	ation, inc.
DOCUMENT NUMBER: N98000003590	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Kathleen Zuiderveen, Secretary	
Name of Contact Person	
Gulfview Pointe Homeowners' Association, Inc.	
Firm/Company	<del></del>
2601 Gulfview Dr.	
Address	<del></del>
Key West, Fl 33040	
City/State and Zip Code	<del></del>
info@gulfviewpointehoa.com	n
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter.	please call:
Steve Choate	at (813 )340-4824 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
	•		
	he corporation: Gulfivew Pointe Hor		
2. The principal	office address: 2601 Gulfview Dr., K	tey West, FL 53040	
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: 6/9/1998 Document number: N98000003590			
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	Vesta Property Services (Resigned)	SEC SEC	
	3538 Duck Ave		
	Key West, FL 33040	H 2 P	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office. The	
	John Allison		
	2625 Gulfview Dr.		
	P.O. Box NOT acceptable		
	Key West, FL 33040		
The street addre	ss of its registered office and the s be identical.	street address of the business office of its registered agen	
Such change wa authorized by th	s authorized by resolution duly added to board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	
		John Allison, President	
/ 1	e of an officer or director	Printed or typed name and title	
Iffurther agree t of my daties, an document is bei	the appointment as registered age o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete performan e obligation of my position as registered agent. Or, if th in the registered office address, I hereby confirm that th ange.	
		4/1/2022	
S/E	nature of Registered Agent	Date	
It signing on be	half of an entity:		
T	ped or Printed Name		

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