

712243



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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oceanside Apartments, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 712243

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:

SHEILA DOW, Treasurer  
Name of Contact Person

Oceanside Apartments, Inc  
Firm/Company

231 Brockway Ave.  
Address

South Haven, MI 49090  
City/State and Zip Code

SLYNDSCOLBRY @ Hotmail: com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Dow at (574) 340-0233  
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  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2010

SHEILA DOW  
OCEANSIDE APARTMENTS, INC.  
231 BROCKWAY AVENUE  
SOUTH HAVEN, MI 49090

SUBJECT: OCEANSIDE APARTMENTS, INC.  
Ref. Number: 712243

We have received your document for OCEANSIDE APARTMENTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 510A00022460

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: Oceanside Apartments, Inc.
2. The principal office address: 3200 NE 7th Court Pompano Beach, FL 33062
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/13/1967 Document number: 712243
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)

Robert Kaye & Associates
6201 NW 6th Way Suite 103
Ft. Lauderdale, FL 33309

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

Kaye & Bender
1200 Park Central Blvd SOUTH
P.O. Box NOT acceptable
Pompano Beach, FL 33064

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 20 AM 10:00

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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.

Signature of an officer or director: Sheila Dow, Treasurer, Board Member
Printed or typed name and title: Sheila Dow

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

Date: 9/30/10

If signing on behalf of an entity:

Michael Bender
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